2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #837343

1. Entity Name

STANDARD LIFE AND ACCIDENT INSURANCE

COMPANY

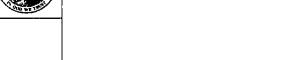
Principal Place of Business

ONE MOODY PLAZA GALVESTON, TX 77550 Mailing Address

ONE MOODY PLAZA

GALVESTON, TX 77550 US

FILED Mar 12, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 73-0994234

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200)

200 E. GAINES ST TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

DO NOT WRITE

IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am lamiliar with, and accept
	the obligations of registered agent.	

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

10. TITLE

NAME STREET ADDRESS

THILE

NAME

CITY-ST-ZIP

\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

FERDINANDTSEN, GEORGE RICHARD ONE MOODY PLAZA GALVESTON, TX MARTIN, E. HARRISON

2450 SOUTH SHORE BLVD, SUITE 500 STREET ADDRESS LEAGUE CITY, TX 77573 CITY+ST-ZIP

WELCH, RONALD J NAME STREET ADDRESS ONE MOODY PLAZA CITY-ST-7IP GALVESTON, TX 77550 TITLE

FLIPPIN, J. MARK ONE MOODY PLAZA STREET ADDRESS CITY-ST-ZIP GALVESTON, TX 77550

VPCD PAVLICEK, S. E. NAME STREET ADDRESS ONE MOODY PLAZA CITY-ST-ZIP GALVESTON, TX 77550

TITLE CARLTON, WILLIAM F NAME ONE MOODY PLAZA STREET ADDRESS CITY-ST-ZIP GALVESTON, TX 77550

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered

William F. Carlton 3/6/07

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