

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 837343

1. Entity Name
**STANDARD LIFE AND ACCIDENT INSURANCE
COMPANY**



Principal Place of Business
**ONE MOODY PLAZA
GALVESTON, TX 77550 US**

Mailing Address
**ONE MOODY PLAZA
GALVESTON, TX 77550 US**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-0994234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FERDINANDTSEN, GEORGE RICHARD ONE MOODY PLAZA GALVESTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, E. HARRISON 2450 SOUTH SHORE BLVD, SUITE 500 LEAGUE CITY, TX 77573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, RONALD J ONE MOODY PLAZA GALVESTON, TX 77550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLIPPIN, J. MARK ONE MOODY PLAZA GALVESTON, TX 77550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCD PAVLICEK, S. E ONE MOODY PLAZA GALVESTON, TX 77550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC CARLTON, WILLIAM F ONE MOODY PLAZA GALVESTON, TX 77550

U00000662866
03/21/07-80028-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William F. Carlton **William F. Carlton** 3/6/07 409-766-6615
Date Daytime Phone #