

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 843478**

1. Entity Name

TEXAS GENERAL INDEMNITY COMPANY**FILED**
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90015 037 ***150.00

0590365

Principal Place of Business 2115 WINNIE PO BOX 1259 GALVESTON TX 77550	Mailing Address 2115 WINNIE PO BOX 1259 GALVESTON TX 77550
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2. Principal Place of Business	3. Mailing Address 118 Second Ave SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Cedar Rapids, IA
Zip 52407	Country

4. FEI Number 74-1071857	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BLDG
TALLAHASSEE FL 32301****7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

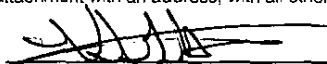
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEINSHEIMER, FELLMAN J III 2115 WINNIE GALVESTON TX 77550 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOHEC, HELEN K 7606 BEAUDELAIRE GALVESTON TX ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCINTYRE, JOHN S JR 118 SECOND AVE SE CEDAR RAPIDS IO 52407 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIFE, JOHN A 118 SECOND AVE SE CEDAR RAPIDS IO 52407 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Baker, Kent G. 118 Second Ave SE Cedar Rapids, IA 52407 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:**  **Kent G. Baker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/25/01**Date**319-399-5700**Daytime Phone #

CR2E034 (10/00)