

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90047 018 \*\*\*150.00

**DOCUMENT # 843478**

1. Entity Name  
**TEXAS GENERAL INDEMNITY COMPANY**



Principal Place of Business

2115 WINNIE  
PO BOX 1259  
GALVESTON, TX 77550

Mailing Address

118 SECOND AVE SE  
CEDAR RAPIDS, IA 52407

**50030533**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03212005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**74-1071857**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SEINSHEIMER, FELLMAN J III  
STREET ADDRESS 2115 WINNIE  
CITY-ST-ZIP GALVESTON, TX 77550

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

TITLE S ☐ Delete  
NAME LOHEC, HELEN K  
STREET ADDRESS 7606 BEAUDELAIRE  
CITY-ST-ZIP GALVESTON, TX

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

TITLE CD ☐ Delete  
NAME MCINTYRE, JOHN S JR  
STREET ADDRESS 118 SECOND AVE SE  
CITY-ST-ZIP CEDAR RAPIDS, IO 52407

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Cedar Rapids, IA 52407

TITLE PD ☐ Delete  
NAME RIFE, JOHN A  
STREET ADDRESS 118 SECOND AVE SE  
CITY-ST-ZIP CEDAR RAPIDS, IO 52407

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Cedar Rapids, IA 52407

TITLE DT ☐ Delete  
NAME BAKER, KENT C  
STREET ADDRESS 118 SECOND AVE SE  
CITY-ST-ZIP CEDAR RAPIDS, IA 52407

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

TITLE EVP ☐ Delete  
NAME SWAIN, RICHARD B  
STREET ADDRESS 2115 WINNIE  
CITY-ST-ZIP GALVESTON, TX 77550

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Dianne Lyons*

Dianne Lyons

March 21, 2005 (319)399-5723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #