

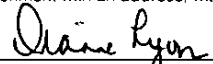


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 031 ***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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40098462 	
City & State Zip Country		City & State Zip Country		4. FEI Number 74-1071857	
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEINSHEIMER, FELLMAN J III 2115 WINNIE GALVESTON, TX 77550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAUFFER, KRISTIN R 118 2ND AVE SE CEDAR RAPIDS, IA 52407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCINTYRE, JOHN S JR 118 SECOND AVE SE CEDAR RAPIDS, IA 52407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIFE, JOHN A 118 SECOND AVE SE CEDAR RAPIDS, IA 52407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rife, John A 118 Second Ave SE Cedar Rapids, IA 52407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELL, TYLER C 118 SECOND AVE SE CEDAR RAPIDS, IA 52407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Martin, Janice A 118 Second Ave SE Cedar Rapids, IA 52407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP RAMLO, RANDY A 118 SECOND AVE SE CEDAR RAPIDS, IA 52407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ramlo, Randy A 118 Second Ave SE Cedar Rapids, IA 52407	
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: 		Dianne Lyons		4-17-08	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	