

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinami
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846027 (1)

1. Corporation Name

CITIZENS INSURANCE COMPANY OF AMERICA



Principal Place of Business

400 E ANDERSON LANE
AUSTIN TX 78752
US

Mailing Address

PO BOX 149151
AUSTINE TX 78714-9151
US

3. Date Incorporated or Qualified
05/19/1980

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Austin, TX

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
84-0583103

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Principal Officer required when filing.)

(Signature of Registered Agent required when filing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DOLLAR, ROBY
STREET ADDRESS 400 EAST ANDERSON LANE
CITY-ST-ZIP AUSTIN TX ☐ DELETE

1.1 TITLE VD
1.2 NAME ☒ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CD
NAME RILEY, HAROLD
STREET ADDRESS 400 EAST ANDERSON LANE
CITY-ST-ZIP AUSTIN TX ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME RILEY, RICK D
STREET ADDRESS 400 EAST ANDERSON LANE
CITY-ST-ZIP AUSTIN TX ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VSTD
NAME OLIVER, MARK A
STREET ADDRESS 400 EAST ANDERSON LANE
CITY-ST-ZIP AUSTIN TX ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME MORRIS, SARAH
STREET ADDRESS 400 EAST ANDERSON LANE
CITY-ST-ZIP AUSTIN TX ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V
NAME TEMPLETON, JOHN
STREET ADDRESS 400 EAST ANDERSON LANE
CITY-ST-ZIP AUSTIN TX ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Mark A. Oliver, EVP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(512)837-7100

Daytime Phone

CR2E034 (12/95)