2005 FOR PROFIT CORPORATION

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Feb 23, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #846027** 02-23-2005 90071 004 ***158 75 CITIZENS INSURANCE COMPANY OF AMERICA Principal Place of Business Mailing Address 50018097 **400 E ANDERSON LANE** PO BOX 149151 AUSTIN, TX 78752 US AUSTIN, TX 78714-9151 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 84-0583103 Not Applicable Country Zio Country Zin \$8.75 Additional 5. Certificate of Status Desired XΩ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Not treasurer XX Change Addition TITLE ☐ Delete TITLE WOOD, JEFF Jeffrey J. Wood NAME NAME 400 EAST ANDERSON LANE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP AUSTIN, TX CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F Harold E. Riley RILEY, HAROLD NAME NAME STREET ADDRESS 400 EAST ANDERSON LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUSTIN, TX Not president PDC XX Change TITLE Defete TITLE ■ Addition RILEY, RICK D Chairman of the Board & CEO NAME NAME 400 EAST ANDERSON LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUSTIN, TX . Change **XX**Addition ☐ Delete TITLE TITLE President & Treasurer OLIVER, MARK A NAME NAME 400 EAST ANDERSON LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUSTIN, TX Change Addition TITLE **CBCO** XIXI Delete TITLE RILEY, RICK D NAME NAME 400 EAST ANDERSON LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUSTIN, TX 78754 CITY - ST - ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE **BUCHWEITZ, MICHAEL** Michael P. Buchweitz NAME NAME STREET ADDRESS 400 E ANDERSON LANE STREET ADDRESS

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.

CITY-ST-ZIP

AUSTIN, TX

CITY-ST-ZIP

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

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