

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846082

FILED
Apr 30, 2009
Secretary of State

Entity Name: CONTINENTAL GENERAL INSURANCE COMPANY

Current Principal Place of Business:

250 E 5TH ST
CINCINNATI, OH 45202

New Principal Place of Business:

11200 LAKELINE BLVD.
SUITE 100
AUSTIN, TX 78717

Current Mailing Address:

250 E 5TH ST
CINCINNATI, OH 45202

New Mailing Address:

11200 LAKELINE BLVD.
SUITE 100
AUSTIN, TX 78717

FEI Number: 47-0463747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: NIELSEN, MARK
Address: 6201 JOHNSON DR
City-St-Zip: MISSION, KS 66202

Title: P () Delete
Name: HILL, BILLY
Address: 5508 PARKCRESTR DR
City-St-Zip: AUSTIN, TX 78731

Title: VP () Delete
Name: SWEENEY, SUSAN
Address: 6201 JOHNSON DRIVE
City-St-Zip: MISSION, KS 66202

Title: VP () Delete
Name: ARNOTE, PATRICIA R
Address: 6201 JOHNSON DR
City-St-Zip: MISSION, KS 66202

Title: T (X) Delete
Name: SEVERT, PAUL A
Address: 5508 PARKCREST DR
City-St-Zip: AUSTIN, TX 78731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WOLFRAM, BRAD
Address: 11200 LAKELINE BLVD, SUITE 100
City-St-Zip: AUSTIN, TX 78717

Title: P (X) Change () Addition
Name: HILL, BILLY
Address: 11200 LAKELINE BLVD, SUITE 100
City-St-Zip: AUSTIN, TX 78717

Title: VP (X) Change () Addition
Name: SEVERT, PAUL
Address: 11200 LAKELINE BLVD, SUITE 100
City-St-Zip: AUSTIN, TX 78717

Title: T (X) Change () Addition
Name: BUESCHER, BYRON
Address: 11200 LAKELINE BLVD, SUITE 100
City-St-Zip: AUSTIN, TX 78717

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON BUESCHER

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date