

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846082

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** CONTINENTAL GENERAL INSURANCE COMPANY

**Current Principal Place of Business:**

11200 LAKELINE BLVD.  
SUITE 100  
AUSTIN, TX 78717

**New Principal Place of Business:**

**Current Mailing Address:**

11200 LAKELINE BLVD.  
SUITE 100  
AUSTIN, TX 78717

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOLFRAM, BRAD  
Address: 11200 LAKELINE BLVD, SUITE 100  
City-St-Zip: AUSTIN, TX 78717

Title: S  
Name: HARIDSON, BRENDA  
Address: 11200 LAKELINE BLVD, SUITE 100  
City-St-Zip: AUSTIN, TX 78717

Title: CFO  
Name: SEVERT, PAUL  
Address: 11200 LAKELINE BLVD, SUITE 100  
City-St-Zip: AUSTIN, TX 78717

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

I hereby 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 all other like empowered.

SIGNATURE: BYRON K. BUESCHER

T

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date