2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# F00000007100

Entity Name: HOME SENTRY INSURANCE AGENCY, INC.

Current Principal Place of Business:

2150 W. 18TH STREET, SUITE 300
HOUSTON, TX 77008

New Principal Place of Business:

Current Mailing Address:

2150 W. 18TH STREET, SUITE 300
HOUSTON, TX 77008

New Mailing Address:

FEI Number: 76-0639303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	PD	( ) Delete
Name:	PLOWMAN, BOYD R	
Address:	3125 MYERS STREET	
City-St-Zip:	RIVERSIDE, CA 92513	
Title:	EVP	( ) Delete
Name:	CORONA, JOSEPH	
Address:	2150 W 18THB ST STE 300	
City-St-Zip:	HOUSTON, TX 77008	
Title:	SD	( ) Delete
Name:	THEOBALD, FORREST D	
Address:	3125 MEYERS ST.	
City-St-Zip:	RIVERSIDE, CA 92513	
Title:	AS	( ) Delete
Name:	LARKIN, LYLE N	
Address:	3125 MEYERS STREET	
City-St-Zip:	RIVERSIDE, CA 92513	
Title:	D	( ) Delete
Name:	WILKINSON, CHARLES	
Address:	3125 MEYERS STREET	
City-St-Zip:	RIVERSIDE, CA 92513	
Title:	AS	( ) Delete
Name:	WEST, ALAN L	
Address:	2150 WEST 18TH ST., #300	
City-St-Zip:	HOUSTON, TX 77008	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AS	(X) Change ( ) Addition
Name:	MCMAHON, WILLIAM	
Address:	3125 MYERS STREET	
City-St-Zip:	RIVERSIDE, CA 92513	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALAN L. WEST AS 04/13/2004

Electronic Signature of Signing Officer or Director — Date