

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG 25 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004773

1. Entity Name
CITICORP INSURANCE SERVICES INC.



Principal Place of Business
100 COMMERCE DRIVE, 3RD FLOOR
NEWARD, DE 19713

Mailing Address
3001 MEACHAM BLVD., SUITE 200
FORT WORTH, TX 76137



08122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
62-1282460

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
AGNELLO, RICHARD C
3001 MEACHAM BLVD., SUITE 200
FORT WORTH, TX 76137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600040645356
08/30/04--01075--011 **70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOK, DIANNA L
3001 MEACHAM BLVD., SUITE 200
FORT WORTH, TX 76137 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
David, Patricia E.
3001 Meacham Blvd., Suite 200
Fort Worth, TX 76137 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAMBERO, DARRELL J
3001 MEACHAM BLVD., SUITE 200
FORT WORTH, FL 76137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HIGDON, M. DIANE
3001 MEACHAM BLVD., SUITE 200
FORT WORTH, TX 76137 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HATCH, JOHN D
3001 MEACHAM BLVD., SUITE 200
FORT WORTH, TX 76137 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Lehman, Gregg H.
3001 Meacham Blvd., Suite 200
Fort Worth, TX 76137 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LARKIN, PAULA D
3001 MEACHAM BLVD., SUITE 200
FORT WORTH, TX 76137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/04

Date

817/820-5803

Daytime Phone #