



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004773 1. Entity Name CITICORP INSURANCE SERVICES INC.	
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Principal Place of Business 100 COMMERCE DRIVE, 3RD FLOOR NEWARD, DE 19713	Mailing Address 3001 MEACHAM BLVD., SUITE 200 FORT WORTH, TX 76137
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1282460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP AGNELLO, RICHARD C 3001 MEACHAM BLVD., SUITE 200 FORT WORTH, TX 76137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVID, PATRICIA E 3001 MEACHAM BLVD, STE 200 FORT WORTH, TX 76137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAMBERO, DARRELL J 3001 MEACHAM BLVD., SUITE 200 FORT WORTH, FL 76137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEHMAN, GREGG H 3001 MEACHAM BLVD, STE 200 FORT WORTH, TX 76137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LARKIN, PAULA D 3001 MEACHAM BLVD., SUITE 200 FORT WORTH, TX 76137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/05-80002-015 150.00

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IN THIS SPACE**

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 like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregg H. Lehman 1/6/2005 817/ 820-5803
Date Daytime Phone #