

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90096 026 \*\*\*158.75

DOCUMENT # F04000003174

1. Entity Name  
TEXAS INTERNATIONAL LIFE INSURANCE COMPANY



Principal Place of Business  
6300 BRIDGPOINT PKWY., BLDG 1, STE. 340  
AUSTIN, TX 78730

Mailing Address  
6300 BRIDGPOINT PKWY., BLDG 1, STE. 340  
AUSTIN, TX 78730

50057225



07052005 Chg-P CR2E034 (10/03)

4. FEI Number  
75-1458525

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BORING, STANLEY  
238 GLEASON PARKWAY  
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DOZE, LARRY 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P Larry J. Doze 6300 Bridge Point Pkwy, Bldg One, Ste. 340 Austin, TX 78730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GILCHRIST, HAL DAVID 300 LAKESIDE DR. LIBERTY, MO 64068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Frank R Thompson 6300 Bridge Point Pkwy, Bldg. One, Ste 340 Austin, TX 78730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOZE, ANGELA 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Robert E. Janowski 6300 Bridge Point Pkwy, Bldg. One, Ste. 340 Austin, TX 78730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOZE, AMY 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILFER, PAM 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Pam A. Hilfer 6300 Bridge Point Pkwy, Bldg. One, Ste. 340 Austin, TX 78730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOMMACK, SHERRY 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/S Sherry B. Wommack 6300 Bridge Point Pkwy, Bldg One, Ste. 340 Austin, TX 78730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Frank R Thompson 7/8/05 512-342-1912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #