


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90011 014 \*\*\*150.00

<b>DOCUMENT # F04000003174</b> 1. Entity Name <b>TEXAS INTERNATIONAL LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>6300 BRIDGPOINT PKWY BLDG 1, STE. 340 AUSTIN, TX 78730</b>			Mailing Address <b>6300 BRIDGPOINT PKWY BLDG 1, STE. 340 AUSTIN, TX 78730</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>75-1458525</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>BORING, STANLEY 238 GLEASON PARKWAY CAPE CORAL, FL 33914</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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 DOZE, LARRY J 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730	<input 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	VD THOMPSON, FRANK R 6300 BRIDGE POINT PKWY, BLDG ONE, STE 340 AUSTIN, TX 78730	<input 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	VD JANEAS, ROBERT E 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD Janeaus, Robert E Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD HILFER, PAM 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730	<input 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	VDS WOMMACK, SHERRY 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730	<input 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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Frank R. Thompson</i> <b>Frank R Thompson</b>			Date <b>2/23/06</b> Daytime Phone # <b>512-342-1912</b>		