

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90324 047 \*\*\*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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6300 BRIDGE POINT PKWY

6300 BRIDGE POINT PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG 1, SUITE 340

BLDG 1, SUITE 340

City & State

City & State

AUSTIN TX

AUSTIN TX

Zip

Country

Zip

Country

78730

US

78730

US

04102007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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 CP ☐ Delete  
NAME DOZE, LARRY J  
STREET ADDRESS 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340  
CITY-ST-ZIP AUSTIN, TX 78730

TITLE CP ☒ Change ☐ Addition  
NAME LARRY J. DOZE  
STREET ADDRESS 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340  
CITY-ST-ZIP AUSTIN, TX 78730

TITLE VD ☐ Delete  
NAME THOMPSON, FRANK R  
STREET ADDRESS 6300 BRIDGE POINT PKWY, BLDG ONE, STE 340  
CITY-ST-ZIP AUSTIN, TX 78730

TITLE V/T/S/D ☒ Change ☐ Addition  
NAME FRANK R THOMPSON  
STREET ADDRESS 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340  
CITY-ST-ZIP AUSTIN, TX 78730

TITLE VD ☒ Delete  
NAME JANCAUS, ROBERT E  
STREET ADDRESS 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340  
CITY-ST-ZIP AUSTIN, TX 78730

TITLE D ☐ Change ☒ Addition  
NAME ANGELA A. DOZE  
STREET ADDRESS 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340  
CITY-ST-ZIP AUSTIN, TX 78730

TITLE VD ☒ Delete  
NAME HILFER, PAM  
STREET ADDRESS 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340  
CITY-ST-ZIP AUSTIN, TX 78730

TITLE D ☐ Change ☐ Addition  
NAME DANNY L. DOZE  
STREET ADDRESS 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340  
CITY-ST-ZIP AUSTIN, TX 78730

TITLE VDS ☒ Delete  
NAME WOMMACK, SHERRY  
STREET ADDRESS 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340  
CITY-ST-ZIP AUSTIN, TX 78730

TITLE D ☐ Change ☐ Addition  
NAME KELLY J. DOZE  
STREET ADDRESS 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340  
CITY-ST-ZIP AUSTIN, TX 78730

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

Frank R. Thompson

FRANK R. THOMPSON

Date

4/16/07 512-617-6701

Daytime Phone #