

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003174

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** TEXAS INTERNATIONAL LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 75-1458525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** DOZE, LARRY J  
**Address:** 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340  
**City-St-Zip:** AUSTIN, TX 78730

**Title:** VTSD  
**Name:** THOMPSON, FRANK R  
**Address:** 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340  
**City-St-Zip:** AUSTIN, TX 78730

**Title:** D  
**Name:** DOZE, ANGELA A  
**Address:** 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340  
**City-St-Zip:** AUSTIN, TX 78730

**Title:** D  
**Name:** DOZE, KELLY J  
**Address:** 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340  
**City-St-Zip:** AUSTIN, TX 78730

**Title:** D  
**Name:** DOZE, DANNY L  
**Address:** 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340  
**City-St-Zip:** AUSTIN, TX 78730

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** FRANK R. THOMPSON

VTSD

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date