2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

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Entity Name: ZALE INDEMNITY COMPANY

Current Principal Place of Business:

901 WEST WALNUT HILL LANE, MS-5 A-9
IRVING, TX 750381003

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 152782, 152762
M.S. 5A-9
IRVING, TX 750152762

New Mailing Address:

FEI Number: 75-1428560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHEIF FINANCIAL OFFICER
LARSON BLDG., 200 EAST GAINES STREET
TALLAHASSEE, FL 323990301 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: DP ( ) Delete
Name: CULBERTSON, WILLIAM L
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

Title: DV ( ) Delete
Name: SABIN, MICHAEL R
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

Title: DS ( ) Delete
Name: GARSEK, ZACHARY M
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

Title: T ( ) Delete
Name: STERNBLITZ, DAVID H
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

Title: V ( ) Delete
Name: PIMSNER, RICHARD P
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: STERNBLITZ, DAVID H
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: RHODES, DAVID P
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK P. MACHULIS AC 01/05/2009

Electronic Signature of Signing Officer or Director — Date