

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 05, 2008 08:00 AM
Secretary of State**

DOCUMENT # F06000003131

**1. Entity Name
PHOENIX INDEMNITY INSURANCE COMPANY**



Principal Place of Business

**777 MAIN ST
SUITE 1000
FORT WORTH, TX 76103**

Mailing Address

**777 MAIN ST
SUITE 1000
FORT WORTH, TX 76103**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0718164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**PENINSULA REGISTERED AGENTS, INC.
215 S. MONROE ST., SUITE 601
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**000000347683
06/02/08-80025-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, BROOKLAND
STREET ADDRESS	14651 DALLAS PKWY., SUITE 400
CITY-ST-ZIP	DALLAS, TX 75240

TITLE	C
NAME	SCHWARZ, MARK
STREET ADDRESS	300 CRESCENT CT., SUITE 1110
CITY-ST-ZIP	DALLAS, TX 75201

TITLE	D
NAME	MORRISON, MARK
STREET ADDRESS	777 MAIN ST., SUITE 1000
CITY-ST-ZIP	FT. WORTH, TX 76102

TITLE	TD
NAME	PASSMORE, JEFFREY
STREET ADDRESS	777 MAIN ST., SUITE 1000
CITY-ST-ZIP	FT. WORTH, TX 76102

TITLE	D
NAME	KASITZ, KEVIN
STREET ADDRESS	777 MAIN ST., SUITE 1000
CITY-ST-ZIP	FT. WORTH, TX 76102

TITLE	SD
NAME	WISE, CECIL
STREET ADDRESS	777 MAIN ST., SUITE 1000
CITY-ST-ZIP	FT. WORTH, TX 76102

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08 817-348-1600