

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003131

FILED
Jan 07, 2009
Secretary of State

Entity Name: HALLMARK INSURANCE COMPANY

Current Principal Place of Business:

777 MAIN ST
SUITE 1000
FORT WORTH, TX 76103

Current Mailing Address:

777 MAIN ST
SUITE 1000
FORT WORTH, TX 76103

New Principal Place of Business:

777 MAIN ST
SUITE 1000
FORT WORTH, TX 76102

New Mailing Address:

777 MAIN ST
SUITE 1000
FORT WORTH, TX 76102

FEI Number: 47-0718164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: DAVIS, BROOKLAND
Address: 14651 DALLAS PKWY., SUITE 400
City-St-Zip: DALLAS, TX 75240

Title: C () Delete
Name: SCHWARZ, MARK
Address: 300 CRESCENT CT., SUITE 1110
City-St-Zip: DALLAS, TX 75201

Title: D () Delete
Name: MORRISON, MARK
Address: 777 MAIN ST., SUITE 1000
City-St-Zip: FT. WORTH, TX 76102

Title: TD () Delete
Name: PASSMORE, JEFFREY
Address: 777 MAIN ST., SUITE 1000
City-St-Zip: FT. WORTH, TX 76102

Title: D () Delete
Name: KASITZ, KEVIN
Address: 777 MAIN ST., SUITE 1000
City-St-Zip: FT. WORTH, TX 76102

Title: SD () Delete
Name: WISE, CECIL
Address: 777 MAIN ST., SUITE 1000
City-St-Zip: FT. WORTH, TX 76102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, BROOKLAND
Address: 6500 PINECREST DR SUITE 100
City-St-Zip: PLANO, TX 750242945

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

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

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

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

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: JEFFREY R PASSMORE

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date