

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000006311

1. Entity Name
**AMERICAN HALLMARK INSURANCE COMPANY OF
TEXAS**



Principal Place of Business
**777 MAIN STREET
SUITE 1000
FORT WORTH, TX 76102**

Mailing Address
**777 MAIN STREET
SUITE 1000
FORT WORTH, TX 76102**



05062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1817901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SCHAWARZ, MARK E 300 CRESCENT CT #1110 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KASITZ, KEVIN 777 MAIN STREET #1000 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KENNEY, CHRIS 777 MAIN STREET #1000 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WISE, CECIL 777 MAIN STREET #1000 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PASSMORE, JEFFREY 777 MAIN STREET #1000 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, BROOKLAND 14651 DALLAS PKWY #400 DALLAS, TX 75240

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06/04/08-80051-001 150.00

**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

Chris Kenney, VP 5/6/08 817-348-1600

Date

Daytime Phone #