

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:01

DOCUMENT # F93000002919 (9)

1. Corporation Name

SERVICE LIFE AND CASUALTY INSURANCE COMPANY

Principal Place of Business

6907 CAPITAL OF TEXAS HIGHWAY
AUSTIN TX 78731

Mailing Address

6907 CAPITAL OF TEXAS HIGHWAY
AUSTIN TX 78731

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1993

3a. Date of Last Report

03/02/1994

4. FBI Number

74-1653297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CT
NAME GRAY, JOSEPH F
STREET ADDRESS 6907 CAPITAL OF TEXAS HIGHWAY
CITY-ST-ZIP AUSTIN TX 78731

TITLE VC
NAME GRAY, JOSEPH K
STREET ADDRESS 2006 STONERIDGE TERRACE
CITY-ST-ZIP AUSTIN TX

TITLE D
NAME GRAY, CHERRY K
STREET ADDRESS 6907 CAPITAL OF TEXAS HIGHWAY
CITY-ST-ZIP AUSTIN TX 78731

TITLE P
NAME TONN, RICHARD V JR
STREET ADDRESS 6907 CAPITAL OF TEXAS
CITY-ST-ZIP AUSTIN TX 78731

TITLE V
NAME MARSH, BARBARA S
STREET ADDRESS 6907 CAPITAL OF TEXAS HIGHWAY
CITY-ST-ZIP AUSTIN TX 78731

TITLE S
NAME FREYDENFELDT, DOROTHY A
STREET ADDRESS 6907 CAPITAL OF TEXAS HIGHWAY
CITY-ST-ZIP AUSTIN TX 78731

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dorothy Freydenfeldt DOROTHY FREYDENFELDT

2/22/95

(512) 343-0600