FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:18

DOCUMENT # **F94000004466 (8)**

1. Corporation Name

SECOND INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 660227 DALLAS TX 75266-0237	P.O. BOX 660227 DALLAS TX 75266-0237

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 250 E. Carpenter Frwy.
Suite, Apt. #, etc. — 22:
City & State — 23: Irving, Tx.
Zip — 24: 75062
Country — 25: USA

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27: Corp. Tax Dept.
City & State — 28:
Zip — 29:
Country — 30:

4. FEI Number: 61-0859676 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	X Change ☐ Addition
NAME	BELLOWS, TIMOTHY W	12 NAME	Joseph M. McQuillan	
STREET ADDRESS	250 CARPENTER FWY.	13 STREET ADDRESS	250 E. Carpenter Frwy.	
CITY ST ZIP	IRVING TX 75062	14 CITY ST ZIP	Irving, Tx. 75062	
TITLE	VT	21 TITLE		☐ Change ☐ Addition
NAME	HUGHES, JOHN F	22 NAME		
STREET ADDRESS	250 CARPENTER FWY.	23 STREET ADDRESS		
CITY ST ZIP	IRVING TX 75062	24 CITY ST ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	HAYES, TIMOTHY M	32 NAME		
STREET ADDRESS	250 CARPENTER FWY.	33 STREET ADDRESS		
CITY ST ZIP	IRVING TX 75062	34 CITY ST ZIP		
TITLE	AS	41 TITLE	AV/AS	☒ Change ☐ Addition
NAME	HITE, JOHN D	42 NAME	Patrick J. Greene	
STREET ADDRESS	250 CARPENTER FWY.	43 STREET ADDRESS	250 E. Carpenter Frwy.	
CITY ST ZIP	IRVING TX 75062	44 CITY ST ZIP	Irving, Tx. 75062	
TITLE	AS	51 TITLE	D	XX Change ☐ Addition
NAME	LISKOW, FREDERIC C	52 NAME	Roy A. Guthrie	
STREET ADDRESS	250 CARPENTER FWY.	53 STREET ADDRESS	250 E. Carpenter Frwy.	
CITY ST ZIP	IRVING TX 75062	54 CITY ST ZIP	Irving, Tx. 75062	
TITLE	AT	61 TITLE	D	X Change ☐ Addition
NAME	HOLLEY, NORMA B	62 NAME	Michael C. Rosentraub	
STREET ADDRESS	250 CARPENTER FWY.	63 STREET ADDRESS	250 E. Carpenter Frwy.	
CITY ST ZIP	IRVING TX 75062	64 CITY ST ZIP	Irving, Tx. 75062	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Patrick J. Greene 3/31/95 214-541-6577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302765 CP