

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000006088 (7)

1. Corporation Name

UNDERWRITERS INDEMNITY COMPANY

Principal Place of Business

8 GREENWAY PLAZA, SUITE 400
HOUSTON TX 77046

Mailing Address

8 GREENWAY PLAZA, SUITE 400
HOUSTON TX 77046

2. Principal Place of Business

21 8 Greenway Plaza
Suite, Apt. #, etc.

22 Suite 400

City & State

23 Houston, Texas

24 Zip
77046

Country

25 U.S.A.

2a. Mailing Address

26 8 Greenway Plaza

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Houston, Texas

29 Zip
77046

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

3. Date Incorporated or Qualified
12/13/1995

3a. Date of Last Report
N/A

4. FEI Number Should Have been Applied For
76-0128873 76-9128873 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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME FRANK, EDWIN H III
STREET ADDRESS 8 GREENWAY PLAZA, SUITE 400
CITY-ST-ZIP HOUSTON TX 77046

TITLE DVS ☐ DELETE

NAME DIE, ROY C
STREET ADDRESS 8 GREENWAY PLAZA, SUITE 400
CITY-ST-ZIP HOUSTON TX 77046

TITLE DV ☐ DELETE

NAME REAGAN, MARY ALICE
STREET ADDRESS 8 GREENWAY PLAZA, SUITE 400
CITY-ST-ZIP HOUSTON TX 77046

TITLE DT ☐ DELETE

NAME GARNER, JOHN L
STREET ADDRESS 8 GREENWAY PLAZA, SUITE 400
CITY-ST-ZIP HOUSTON TX 77046

TITLE DV ☐ DELETE

NAME MARKS, LEONARD D
STREET ADDRESS 8 GREENWAY PLAZA, SUITE 400
CITY-ST-ZIP HOUSTON TX 77046 77046

TITLE D ☐ DELETE

NAME BANNON, JOHN A JR.
STREET ADDRESS 8 GREENWAY PLAZA, SUITE 400
CITY-ST-ZIP HOUSTON TX 77046 77046

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(713) 961-1300

CR2E034 (12/95)

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HOUSTON • DENVER
8 GREENWAY PLAZA, SUITE 400
HOUSTON, TEXAS 77046
(713) 961-1300
TELECOPIER: (713) 961-0285

April 22, 1996

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: 1996 Profit Corporation Annual Report

Dear Sir,

Enclosed please find the captioned report together with Underwriters Indemnity Company Check No. 7240, in the amount of \$208.75 for the filing fee.

Please accept this letter as a correction to Box 12. The following Director was inadvertently omitted from our original application in December, 1995:

Director: Greg Elwood Chilson

Address: 8 Greenway Plaza, Suite 400

Houston, Texas 77046

Also, be advised that some corrections have been made on the report for purposes of update.

Please feel free to give me a call if you have any questions.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Florence Chen".

Florence Chen
State Admissions and Regulatory
Reporting Coordinator

Attachments