

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005251

1. Corporation Name

THE MILLERS MUTUAL FIRE INSURANCE COMPANY

Principal Place of Business

300 BURNETT ST
FT WORTH TX 76102
US

Mailing Address

PO BOX 2269
FORT WORTH TX 76113-2269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1996

4. FEI Number

75-0439860

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☐

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME DUNHAM, FRANK G JR
STREET ADDRESS 300 BURNETT ST
CITY-ST-ZIP FT WORTH TX 76102

☒ DELETE

TITLE EVPC
NAME KELLER, JOY J
STREET ADDRESS 300 BURNETT ST
CITY-ST-ZIP FT WORTH TX 76102

☐ DELETE

TITLE VPC
NAME CHAO, ALFRED
STREET ADDRESS 300 BURNETT ST
CITY-ST-ZIP FT WORTH TX 76102

☐ DELETE

TITLE P
NAME PIPER, JAMES D
STREET ADDRESS 300 BURNETT ST
CITY-ST-ZIP FT WORTH TX 76102

☒ DELETE

TITLE V
NAME MULARI, WADE H
STREET ADDRESS 3520 STONE CREEK LANE S.
CITY-ST-ZIP FT WORTH TX 76137

☒ DELETE

TITLE V
NAME MAY, FRANK W
STREET ADDRESS 4519 EDGE CREEK LANE
CITY-ST-ZIP ARLINGTON TX 76017

☒ DELETE

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 D/V ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE V/S ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE C ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE P ☐ 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/99

817/332-7761

Date

Daytime Phone #

CR2E034 (11/98)