2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am § Secretary of State DOCUMENT # F99000003200 1. Entity Name RANGER INSURANCE COMPANY 05-27-2002 90466 033 ***150.00 Principal Place of Business Mailing Address 10777 WESTHEIMER 10777 WESTHEIMER P.O. BOX 2807 P.O. BOX 2807 HOUSTON TX 77252 HOUSTON TX 77252 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-1280541 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32399-0300 City Zip Code 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 SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME BROUGHTON, PHILIP J NAME STREET ADDRESS 10777 WESTHEIMER STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77042** CITY-ST-ZIP TITLE ☐ Delete VD TITLE ☐ Change Addition NAME COOPER, LOUIS T NAME STREET ADDRESS STREET ADDRESS 10777 WESTHEIMER CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77042 TITLE □, Delete _ TITLE. _ _ _ _ ☐ Change ☐ Addition NAME CARLSON, SHERIE NAME STREET ADDRESS 10777 WESTHEIMER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77042** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ EPPOLITO, LINDA NAME STREET ADDRESS STREET ADDRESS 10777 WESTHEIMER CITY-ST-ZIP **HOUSTON TX 77042** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MACKEY, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 10777 WESTHEIMER CITY-ST-ZIP **HOUSTON TX 77042** CITY-ST-ZIP Delete TITLE VD Change ■ Addition NAME BERRY, MICHAEL NAME STREET ADDRESS 10777 WESTHEIMER STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77042** CITY-ST-7IP

13. 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 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 11 or Block 12 if

changed, or on an attachment with ar

Daytime Phone #

FILED