2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000003200

1. Entity Name
RANGER INSURANCE COMPANY

Principal Place of Business	Mailing Address
10777 WESTHEIMER	10777 WESTHEIMER
P.O. BOX 2807	P.O. BOX 2807
HOUSTON, TX 77252	HOUSTON, TX 77252

DO NOT WRITE IN THIS SPACE

40001648

01042005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
74-1280541		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00 After May 1, 2005 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADEE, MARC
STREET ADDRESS	10777 WESTAEIMER ROAD
CITY-ST-ZIP	HOUSTON, TX 77042

TITLE	C
NAME	MORGAN, LINDSEY R
STREET ADDRESS	10777 WESTHEIMER
CITY-ST-ZIP	HOUSTON, TX 77042

TITLE	EVP
NAME	GREEN, DAVID O
STREET ADDRESS	10777 WESTHEIMER
CITY-ST-ZIP	HOUSTON, TX 77042

TITLE	T
NAME	MUNDY, PAUL
STREET ADDRESS	10777 WESTHEIMER ROAD
CITY-ST-ZIP	HOUSTON, TX 77042

TITLE	D
NAME	GODBOLD, LOYD
STREET ADDRESS	10777 WESTHEIMER
CITY-ST-ZIP	HOUSTON, TX 77042

TITLE	D
NAME	HUSKY, SHARLENE
STREET ADDRESS	10777 WESTHEIMER
CITY-ST-ZIP	HOUSTON, TX 77042

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Sharlene Husky_   1/4/05   713-954-8352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #