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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16971** **(4)**

1. Corporation Name

AMERICAN INSURANCE COMPANY OF TEXAS

Principal Place of Business	Mailing Address
777 MAIN STREET FORT WORTH TX 76102 US	~~POST OFFICE BOX 660254~~ ~~DALLAS TX 75266~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/30/1987	03/08/1994

2. Principal Place of Business 21	2a. Mailing Address 26 777 MAIN ST.	4. FEI Number 75-1302312	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 STE. 900	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 FORT WORTH, TX	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 76102 / 30 US	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399-0300	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	PD	XX Change ☐ Addition
NAME	ROBINSON, GORDON B	12 NAME	Thigpen, James W.	
STREET ADDRESS	900 AUSTIN AVENUE	13 STREET ADDRESS	777 Main St. Ste. 900	
CITY-ST-ZIP	WACO TX	14 CITY-ST-ZIP	Ft. Worth, TX 76102	
TITLE	VTSD	21 TITLE	TVD	XX Change ☐ Addition
NAME	VRLA, LIBBIE MARIE	22 NAME	Batte, Michael C.	
STREET ADDRESS	403 S. AKARD	23 STREET ADDRESS	777 Main St., Ste. 900	
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP	Ft. Worth, TX 76102	
TITLE	CPD	31 TITLE	SVD	XX Change ☐ Addition
NAME	ROBINSON, C. CLIFTON	32 NAME	Norris, Michael D.	
STREET ADDRESS	900 AUSTIN AVENUE	33 STREET ADDRESS	777 Main St., Ste. 900	
CITY-ST-ZIP	WACO TX	34 CITY-ST-ZIP	Ft. Worth, TX 76102	
TITLE	DV	41 TITLE	VD	XX Change ☐ Addition
NAME	LANHAM, HOWARD MITCHELL	42 NAME	Weverka, Dennis A.	
STREET ADDRESS	900 AUSTIN AVENUE	43 STREET ADDRESS	777 Main St., Ste. 900	
CITY-ST-ZIP	WACO TX	44 CITY-ST-ZIP	Fort Worth, TX 76102	
TITLE	VD	51 TITLE	VD	XX Change ☐ Addition
NAME	HAMMER, LAWRENCE, C	52 NAME	McCurdy, Ben E.	
STREET ADDRESS	900 AUSTIN AVE	53 STREET ADDRESS	777 Main St., Ste. 900	
CITY-ST-ZIP	WACO TX	54 CITY-ST-ZIP	Ft. Worth, TX 76102	
TITLE	V	61 TITLE	VD	XX Change ☐ Addition
NAME	WOODARD, DONALD M	62 NAME	Megless, Margie	
STREET ADDRESS	403 S. AKARD	63 STREET ADDRESS	777 Main St. Ste. 900	
CITY-ST-ZIP	DALLAS TX	64 CITY-ST-ZIP	Ft. Worth, TX 76102	

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)(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.

SIGNATURE: [signature] 4-27-95 (817) 878-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002741 CP