


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90034 047 ***150.00

DOCUMENT # P16971 1. Entity Name AMERICAN INSURANCE COMPANY OF TEXAS			
Principal Place of Business 801 CHERRY STREET UNIT 33 FORT WORTH, TX 76102 US		Mailing Address 801 CHERRY STREET UNIT 33 FORT WORTH, TX 76102 US	
2. Principal Place of Business - No P.O. Box # 7201 W 129th ST Suite, Apt. #, etc. SUITE 300		3. Mailing Address PO BOX 25326 Suite, Apt. #, etc.	
City & State OVERLAND PARK KS		City & State OVERLAND PARK KS	
Zip 66213	Country US	Zip 66225-5326	Country US
4. FEI Number 75-1302312		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME CUTLER, BENJAMIN M PRES STREET ADDRESS 801 CHERRY ST., UNIT 33 CITY-ST-ZIP FT. WORTH, TX 76102	<input checked="" type="checkbox"/> Delete	TITLE PD NAME JOHN E TILLER STREET ADDRESS 7201 W 129th #300 CITY-ST-ZIP OVERLAND PARK KS 66213	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TCFO NAME KOENIG, CYNTHIA B CFO STREET ADDRESS 801 CHERRY ST., UNIT 33 CITY-ST-ZIP FT. WORTH, TX 76102	<input checked="" type="checkbox"/> Delete	TITLE S NAME MARY M. RIXEY STREET ADDRESS 7201 W 129 ST #300 CITY-ST-ZIP OVERLAND PARK KS 66213	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME JACOBS, BILLY L STREET ADDRESS 801 CHERRY ST., UNIT 33 CITY-ST-ZIP FORT WORTH, TX 76102	<input checked="" type="checkbox"/> Delete	TITLE TDV NAME TIMOTHY J. BUCHANAN STREET ADDRESS 7201 W 129 ST #300 CITY-ST-ZIP OVERLAND PARK KS 66213	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SVD NAME KOBER, KONRAD H STREET ADDRESS 801 CHERRY ST., UNIT 33 CITY-ST-ZIP FORT WORTH, TX 76102	<input checked="" type="checkbox"/> Delete	TITLE VD NAME ANDREW L. WILTSE JR STREET ADDRESS 7201 W 129 ST #300 CITY-ST-ZIP OVERLAND PARK KS 66213	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME SMITH, SCOTT G STREET ADDRESS 801 CHERRY ST., UNIT 33 CITY-ST-ZIP FORT WORTH, TX 76102	<input checked="" type="checkbox"/> Delete	TITLE D NAME WILLIAM M BUCHANAN STREET ADDRESS 7201 W 129 ST #300 CITY-ST-ZIP OVERLAND PARK KS 66213	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SVP NAME RABINOWITZ, BERNARD ACTUARY STREET ADDRESS 801 CHERRY STREET, UNIT 33 CITY-ST-ZIP FORT WORTH, TX 76102	<input checked="" type="checkbox"/> Delete	TITLE VD NAME JAMES C. KNOBEL STREET ADDRESS 7201 W 129 ST #300 CITY-ST-ZIP OVERLAND PARK KS 66213	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>MARY M RIXEY</u> MARY M. RIXEY, SEC'Y <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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