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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:56

DOCUMENT # P20923 (9)

1. Corporation Name
FRONTIER GENERAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
2601 AIRPORT FREEWAY FORT WORTH TX 76111	2601 AIRPORT FREEWAY FORT WORTH TX 76111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1988
3a. Date of Last Report: 04/19/1994
4. FEI Number: 75-2234314 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21 6801 CALMONT	26 6801 CALMONT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FORT WORTH, TX	City & State 28 FORT WORTH, TX
Zip 24 76116 Country 25 USA	Zip 29 76116 Country 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	DEAREN, GARY S.	12 NAME	DEAREN, GARY S.	
STREET ADDRESS	2601 AIRPORT FREEWAY	13 STREET ADDRESS	6801 CALMONT	
CITY-ST-ZIP	FT. WORTH TX	14 CITY-ST-ZIP	FORT WORTH, TX 76116	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	BATCHELOR, DONALD G.	22 NAME	BATCHELOR, DONALD G.	
STREET ADDRESS	2601 AIRPORT FREEWAY	23 STREET ADDRESS	6801 CALMONT	
CITY ST ZIP	FORT WORHT TX	24 CITY-ST-ZIP	FORT WORTH, TX 76116	
TITLE	VTD	31 TITLE	VSD	☒ Change ☐ Addition
NAME	GEER, WILLIAM E.	32 NAME	GEER, WILLIAM E.	
STREET ADDRESS	2601 AIRPORT FREEWAY	33 STREET ADDRESS	6801 CALMONT	
CITY ST ZIP	FT WORTH TX	34 CITY ST ZIP	FORT WORTH, TX 76116	
TITLE	VD	41 TITLE	VD	☒ Change ☐ Addition
NAME	ROBINSON, ROBERT P.	42 NAME	ROBINSON, ROBERT P.	
STREET ADDRESS	2601 AIRPORT FREEWAY	43 STREET ADDRESS	6801 CALMONT	
CITY ST ZIP	FT WORTH TX	44 CITY ST ZIP	FORT WORTH, TX 76116	
TITLE	VD	51 TITLE	VASD	☒ Change ☐ Addition
NAME	VENUS, III, ROBERT N.	52 NAME	VENUS III, ROBERT N.	
STREET ADDRESS	2601 AIRPORT FREEWAY	53 STREET ADDRESS	6801 CALMONT	
CITY ST ZIP	FT WORTH TX	54 CITY ST ZIP	FORT WORTH, TX 76116	
TITLE		61 TITLE	VT	☒ Change ☒ Addition
NAME		62 NAME	STASEY, WILLIAM GARY	
STREET ADDRESS		63 STREET ADDRESS	6801 CALMONT	
CITY ST ZIP		64 CITY ST ZIP	FORT WORTH, TX 76116	

14. I/We 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 added to the report or on an attachment with an asterisk.

SIGNATURE: _____ Wm. Gary Stasey 2/9/95 (817) 732-2111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR Date Daytime Phone Number

0400070 FP