# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 23 PM 3:31

DOCUMENT # **P22394** **(1)**

1. Corporation Name
**LINDSEY MORDEN CLAIM SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 6030<br>SUITE 200<br>TYLER TX 75722<br>US | PO BOX 6030<br>SUITE 200<br>TYLER TX 75711<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1989
3a. Date of Last Report: 05/26/1994

2. Principal Place of Business
21 3910 Brookside Drive
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Tyler, TX
Zip 24 75701 Country 25 U S A

2a. Mailing Address
26 P. O. Box 6030
Suite, Apt. #, etc.
27
City & State
28 Tyler, TX
Zip 29 75711-6030 Country 30 U S A

4. FEI Number: 74-0539650 ☐ 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 ☒ No

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

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 _____ 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 | CD | 11 TITLE | P | ☐ Change ☒ Addition |
| NAME | POLLEY, KEN | 12 NAME | | |
| STREET ADDRESS | 3910 BROOKSIDE DR. | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | TYLER TX | 14 CITY-ST-ZIP | | |
| TITLE | STVD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | GUIN, DON L. | 22 NAME | | |
| STREET ADDRESS | 3910 BROOKSIDE DR. | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | TYLER TX | 24 CITY-ST-ZIP | | |
| TITLE | VP | 31 TITLE | Executive VP & COO | ☒ Change ☐ Addition |
| NAME | NEAL, RANDALL | 32 NAME | Mark B. Cloutier | |
| STREET ADDRESS | 3910 BROOKSIDE DR. | 33 STREET ADDRESS | 3910 Brookside Drive | |
| CITY-ST-ZIP | TYLER TX | 34 CITY-ST-ZIP | Tyler, TX 75701 | |
| TITLE | D | 41 TITLE | VD | ☒ Change ☐ Addition |
| NAME | COX, WILLIAM II | 42 NAME | | |
| STREET ADDRESS | 3910 BROOKSIDE DR. | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | TYLER TX | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | WATSA, PREM | 52 NAME | | |
| STREET ADDRESS | 155 UNIVERSITY AVE | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | TORONTO, CANADA | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

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 above, or on an attachment with an address.

**SIGNATURE:** DON L. GUIN, SENIOR VICE PRESIDENT 3/20/95 903-561-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400720 FN