

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29411

FILED
Apr 04, 2012
Secretary of State

Entity Name: STATE NATIONAL INSURANCE COMPANY, INC.

Current Principal Place of Business:

1900 L DON DODSON DRIVE
BEDFORD, TX 76021 US

New Principal Place of Business:

Current Mailing Address:

1900 L DON DODSON DRIVE
BEDFORD, TX 76021 US

New Mailing Address:

FEI Number: 75-1980552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: LEDBETTER, LONNIE K
Address: 1900 L DON DODSON DRIVE
City-St-Zip: BEDFORD, TX 76021

Title: PD
Name: LEDBETTER, TERRY L
Address: 1900 L DON DODSON DRIVE
City-St-Zip: BEDFORD, TX 76021

Title: VPD
Name: LEDBETTER, LONNIE K III
Address: 1900 L DON DODSON DRIVE
City-St-Zip: BEDFORD, TX 76021

Title: SD
Name: BLACKBURN, WYATT D
Address: 1900 L DON DODSON DRIVE
City-St-Zip: BEDFORD, TX 76021

Title: AS
Name: CLEFF, DAVID M
Address: 1900 L DON DODSON DRIVE
City-St-Zip: BEDFORD, TX 76021

Title: TD
Name: HALE, DAVID D
Address: 1900 L DON DODSON DRIVE
City-St-Zip: BEDFORD, TX 76021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WYATT D BALCKBURN

SD

04/04/2012

Electronic Signature of Signing Officer or Director

Date