

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850502

1. Entity Name

REPUBLIC INSURANCE COMPANY

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90140 001 ***150.00

Principal Place of Business

Mailing Address

2727 TURTLE CREEK BLVD
P.O. BOX 660560
DALLAS TX 75266

2727 TURTLE CREEK BLVD
P.O. BOX 660560
DALLAS TX 75266-0560

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-1670124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MILLIGAN, BRUCE R.
STREET ADDRESS 4504 LORRAINE AVE
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SENV ☐ Delete
NAME DUMAR, JOHN W
STREET ADDRESS 3937 SOUTHWESTERN BLVD
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☐ Delete
NAME HINSON, LAURA K
STREET ADDRESS 4405 AMHERST
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SV ☐ Delete
NAME DITTO, MICHAEL E.
STREET ADDRESS 7012 BRIAR COVE DR
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME FULTON, JOHN E
STREET ADDRESS 2214 RIDGECREST TRAIL
CITY-ST-ZIP CARROLLTON TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME HEADLEY, GLEN C
STREET ADDRESS 2609 WAKEFIELD DR.
CITY-ST-ZIP PLANO TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(214) 559-1222

CR2E034 (9/99)