

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90177 004 ****61.25

DOCUMENT # 819224

1. Corporation Name

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

Principal Place of Business

5508 PARKCREST DR
AUSTIN TX 78731
US

Mailing Address

PO BOX 26580
AUSTIN TX 78755
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/17/1965	
22 City & State		27 City & State		4. FEI Number 58-0869673	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
FL					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DOZE, LARRY J.				
STREET ADDRESS	3405 NEEDLES DR				
CITY-ST-ZIP	AUSTIN TX				
TITLE	VPT	<input type="checkbox"/> DELETE			
NAME	BUESCHER, BYRON K				
STREET ADDRESS	6505 YAUPON DR				
CITY-ST-ZIP	AUSTIN TX				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	KEIRSTEAD, HERBERT A.				
STREET ADDRESS	5809 BUFFALO PASS				
CITY-ST-ZIP	AUSTIN TX				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE			
NAME	WHITE, SANDRA JEAN				
STREET ADDRESS	1517J SUMMERSTON DRIVE				
CITY-ST-ZIP	AUSTIN TX 78704				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	BARNDOLLAR, MARY S				
STREET ADDRESS	2800 BARTON'S BLUFF #1705				
CITY-ST-ZIP	AUSTIN TX				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.1 TITLE	Director & Asst. VP				
4.2 NAME	Paige C. Nagy				
4.3 STREET ADDRESS	2112 Surrender				
4.4 CITY-ST-ZIP	Austin, TX 78728				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
5.1 TITLE	Director & Asst. VP				
5.2 NAME	Melissa Honeycutt				
5.3 STREET ADDRESS	432 Connolly Circle				
5.4 CITY-ST-ZIP	Lockhart, TX 78644				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

CR2E037 (1/98)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paige Nagy
Paige Nagy

1/11/99

512-451-2224