

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819224

1. Entity Name

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90149 018 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0869673

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

THE INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32304

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME DOZE, LARRY J.
 STREET ADDRESS 3405 NEEDLES DR
 CITY-ST-ZIP AUSTIN TX ☐ Delete

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

TITLE VPT
 NAME BUESCHER, BYRON K
 STREET ADDRESS 6505 YAUPON DR
 CITY-ST-ZIP AUSTIN TX ☐ Delete

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

TITLE VP
 NAME KEIRSTEAD, HERBERT A.
 STREET ADDRESS 5809 BUFFALO PASS
 CITY-ST-ZIP AUSTIN TX ☐ Delete

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

TITLE DAVP
 NAME PAIGE, NAGY C
 STREET ADDRESS 2112 SURRENDER
 CITY-ST-ZIP AUSTIN TX 78728 ☐ Delete

TITLE AUP
 NAME Nagy, Paige C
 STREET ADDRESS 2112 Surrender
 CITY-ST-ZIP Austin Tx 78728 ☒ Change ☐ Addition

TITLE DAVP
 NAME HONEYCUT, MELISSA
 STREET ADDRESS 432 CONNOLLY CIRCLE
 CITY-ST-ZIP LOCKHART TX 78644 ☐ Delete

TITLE AUP
 NAME Honeycut, Melissa
 STREET ADDRESS 432 Connolly Circle
 CITY-ST-ZIP Lockhart Tx 78644 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (5/00)