

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90485 021 \*\*\*\*61.25

**DOCUMENT # 819224**

1. Entity 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

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**

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

TITLE VP ☐ Change ☒ Addition  
NAME Anthony Spasaro  
STREET ADDRESS 4241 Canyon Glen Cir.  
CITY-ST-ZIP Austin, Texas 78732

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:** *Byron K Buescher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

512-451-2224

Date

Daytime Phone #

CR2E037 (10/00)