


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

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
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07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-0869673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

UD00000168525
07/15/04-80012-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, BILLY B JR 4117 CANCAS DR. AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BUESCHER, BYRON K 6505 YAUPON DR AUSTIN, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEIRSTEAD, HERBERT A. 5809 BUFFALO PASS AUSTIN, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HONEYCUT, MELISSA 432 CONNOLLY CIRCLE LOCKHART, TX 78644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCLURG, LEE R 10017 PLANTERS WOOD DR AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kopetic, Thomas F. 5508 Parkcrest Drive Austin, TX 78731

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

07/12/04 (512) 451-2224
Date Daytime Phone #