

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90121 017 \*\*\*150.00

DOCUMENT # **89224**

1. Entity Name

United Teacher Associates Insurance Company

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5508 Parkcrest Drive

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 26580

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Austin, TX

Zip

78731

Country

City & State

Austin, TX

Zip

78755-0580

Country

4. FEI Number

58-0869673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Chief Financial Officer

Street Address (P.O. Box Number is Not Acceptable)  
PO Box 6200 (32314-6200)

200 E. Gains St.

City  
Tallahassee

FL Zip Code  
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.

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) ☐

January 1 - May 1: Fees \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	Hill, Billy B.	4117 Cancas Dr.	Austin, TX 78730
VPT	Buescher, Byron K.	6505 Yaupon Dr.	Austin, TX
VP	Keirstead, Herbert A.	5809 Buffalo Pass	Austin, TX
VP	Honeycutt, Melissa	432 Connolly Circle	Lockhart, TX 78644
VP	McClurg, Lee R.	10017 Planters Wood Dr.	Austin, TX 78730
VP	Kopetic, Thomas F.	5508 Parkcrest Dr.	Austin, TX 78731

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05

(512) 451-2224

Date

Daytime Phone #