

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819224

FILED
May 01, 2006
Secretary of State

Entity Name: UNITED TEACHER ASSOCIATES INSURANCE COMPANY

Current Principal Place of Business:

5508 PARKCREST DR
AUSTIN, TX 78731 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 26580
AUSTIN, TX 78755 US

New Mailing Address:

FEI Number: 58-0869673 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILL, BILLY B JR
Address: 4117 CANCAS DR.
City-St-Zip: AUSTIN, TX 78730

Title: VPT () Delete
Name: BUESCHER, BYRON K
Address: 6505 YAUPON DR
City-St-Zip: AUSTIN, TX

Title: VP () Delete
Name: KEIRSTEAD, HERBERT A, .
Address: 5809 BUFFALO PASS
City-St-Zip: AUSTIN, TX

Title: VP () Delete
Name: HONEYCUT, MELISSA
Address: 432 CONNOLLY CIRCLE
City-St-Zip: LOCKHART, TX 78644

Title: VP () Delete
Name: MCCLURG, LEE R
Address: 10017 PLANTERS WOOD DR
City-St-Zip: AUSTIN, TX 78730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F KOPETIC

V

05/01/2006

Electronic Signature of Signing Officer or Director

Date