

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819224

FILED
Mar 17, 2010
Secretary of State

Entity Name: UNITED TEACHER ASSOCIATES INSURANCE COMPANY

Current Principal Place of Business:

11200 LAKELINE BLVD
SUITE 100
AUSTIN, TX 78717 US

New Principal Place of Business:

Current Mailing Address:

11200 LAKELINE BLVD
SUITE 100
AUSTIN, TX 78717 US

New Mailing Address:

FEI Number: 58-0869673 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: VP
Name: MAPLES, TRACY E
Address: 5508 PARKCREST DRIVE
City-St-Zip: AUSTIN, TX 78731

Title: S
Name: HARDINSON, BRENDA W
Address: 5508 PARKCREST DRIVE
City-St-Zip: AUSTIN, TX 78731

Title: D
Name: SCHEPER, CHARLES R
Address: 250 E FUFTG ST
City-St-Zip: CINCINNATI, OH 45202

Title: D
Name: SCHEPER, CHARLES R
Address: 250 EAST FIFTH ST.
City-St-Zip: CINCINNATI, OH 45202

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BYRON K. BUESCHER

VPT

03/17/2010

Electronic Signature of Signing Officer or Director

Date