

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90459 034 *****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

☐ CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HILL, BILLY B JR**
STREET ADDRESS **5901 RAINCREEK PKWY**
CITY-ST-ZIP **AUSTIN TX 78759**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4117 Canas Dr**
CITY-ST-ZIP **Austin TX 78730**

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 **VP** ☐ 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 **VP** ☒ Delete
NAME **SPASARO, ANTHONY**
STREET ADDRESS **4241 CANYON GLEN CR**
CITY-ST-ZIP **AUSTIN TX 78732**

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

TITLE **VP** ☐ Delete
NAME **MCCLURG, LEE R**
STREET ADDRESS **10017 PLANTERS WOOD DR**
CITY-ST-ZIP **AUSTIN TX 78730**

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:

SIGNATURE REQUIRED

4/22/03 (512) 451-2224

CR2E037 (10/02)