

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90042 010 \*\*\*150.00

**DOCUMENT # 850502**

1. Entity Name  
**REPUBLIC INSURANCE COMPANY**

Principal Place of Business

2727 TURTLE CREEK BLVD  
 P.O. BOX 660560  
 DALLAS TX 75266

Mailing Address

2727 TURTLE CREEK BLVD  
 P.O. BOX 660560  
 DALLAS TX 75266

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 **75-1670124**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER STATE OF FLORIDA**  
**CAPITAL BLDG**  
**TALLAHASSEE FL 32301**

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.

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MILLIGAN, BRUCE R.	
STREET ADDRESS	4504 LORRAINE AVE	
CITY-ST-ZIP	DALLAS TX	
TITLE	SENV	<input checked="" type="checkbox"/> Delete
NAME	DUMAR, JOHN W	
STREET ADDRESS	3937 SOUTHWESTERN BLVD	
CITY-ST-ZIP	DALLAS TX	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	HINSON, LAURA K	
STREET ADDRESS	4405 AMHERST	
CITY-ST-ZIP	DALLAS TX	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	DITTO, MICHAEL E.	
STREET ADDRESS	7012 BRIAR COVE DR	
CITY-ST-ZIP	DALLAS TX	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FULTON, JOHN E	
STREET ADDRESS	2214 RIDGECREST TRAIL	
CITY-ST-ZIP	CARROLLTON TX	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HEADLEY, GLEN C	
STREET ADDRESS	2609 WAKEFIELD DR.	
CITY-ST-ZIP	PLANO TX	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Forrest N. Knutter	
STREET ADDRESS	770 N. 93rd Street, #6 B4	
CITY-ST-ZIP	Omaha, NE 68114	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Thomas Ellis, Jr.	
STREET ADDRESS	9227 Moss Trail	
CITY-ST-ZIP	Dallas, Texas 75231	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet Harrison	
STREET ADDRESS	2311 Ox Bow Court	
CITY-ST-ZIP	Arlington, Texas 76006	
TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William O'Farrell	
STREET ADDRESS	11 Devonshire Dr.	
CITY-ST-ZIP	Darien, CT 06820	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Kay Morrison	
STREET ADDRESS	2504 Lawndale	
CITY-ST-ZIP	Plano, Texas 75023	
TITLE	Asst. T / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dale Geiskemper	
STREET ADDRESS	7718 Girard Circle	
CITY-ST-ZIP	Omaha, NE 68122	

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 Block 12 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

William T. Ellis 4/20/01

Date

Daytime Phone #

CR2E034 (10/00)

**Officers/Directors**

Donald Wurster  
D  
117 N. Happy Hollow Boulevard  
Omaha, NE 68132

Brian Snover  
D  
199 Woodbine Road  
Stamford, CT 06903

Ajit Jain  
D  
14 Island Drive  
Rye, NY 10580

Document #  
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