

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90151 030 ***550.00

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-1670124**Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **PD**
STREET ADDRESS **KNUTTER, FOREST N**
CITY-ST-ZIP **70 N 93RD STREET, #6 B4
OMAHA NE 68114**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **ELLIS, WILLIAM THOMAS JR**
CITY-ST-ZIP **9227 MOSS TRAIL
DALLAS TX 75231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **V**
STREET ADDRESS **HARRISON, JANET**
CITY-ST-ZIP **2311 OX BOW COURT
ARLINGTON TX 76008**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **O'FARRELL, WILLIAM**
CITY-ST-ZIP **11 DEVONSHIRE DR
DARIEN CT 06820**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **S**
STREET ADDRESS **MORRISON, JENNIFER KAY**
CITY-ST-ZIP **2504 LAWNDALE
PLANO TX 75023**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **ATD**
STREET ADDRESS **GIESEKEMPER, DALE**
CITY-ST-ZIP **7718 GIRARD CIRCLE
OMAHA NE 68122**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William Thomas Ellis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02**214) 551-1222**

Daytime Phone

CR2E034 (4/02)