


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90019 014 ***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
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44023737

2. Principal Place of Business		3. Mailing Address 2725 TURTLE CREEK BLVD.		03152004 Chg-P CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State DALLAS, TEXAS		City & State DALLAS, TEXAS		4. FEI Number 75-1670124
Zip 75219	Country U.S.A.	Zip 75219	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUTTER, FORREST N 770 N. 93RD ST, #6 B4 OMAHA, NE 68114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ELLIS, WILLIAM THOMAS JR 9227 MOSS TRAIL DALLAS, TX 75231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AJIT JAIN 14 ISLAND DRIVE RYE, NY 10580 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, JANET 2311 OX BOW COURT ARLINGTON, TX 76006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DONALD FREDERICK WURSTER 117 N. HAPPY HOLLOW BLVD. OMAHA, NE 68132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'FARRELL, WILLIAM 11 DEVONSHIRE DR DARIEN, CT 06820 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSEPH ROCCOLI UZZI 129 MOORE DRIVE MEDIA, PA 19063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRISON, JENNIFER KAY 2710 STONEPOINTE MC KINNEY, TX 75070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALEXANDRA NAVARRO GUILLEDGE 1513 COMANCHE DRIVE ALLEN, TX 75013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD GIESTKEMPER, DALE 7718 GIRARD CIRCLE OMAHA, NE 68122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRIAN GERARD SNOVER 199 WOODBINE RD. STAMFORD, CT 06903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, 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: Alexandra N. Gullledge 3-16-04 214559 1619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #