


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90040 018 ***150.00

DOCUMENT # 850502	
1. Entity Name REPUBLIC INSURANCE COMPANY	

Principal Place of Business 2727 TURTLE CREEK BLVD P.O. BOX 660560 P.O. BOX 192509 DALLAS, TX 75266 DALLAS, TX 75219	Mailing Address 2725 TURTLE CREEK BLVD P.O. BOX 192509 DALLAS, TX 75219 US
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01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1670124	Applied For Not Applicable
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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUTTER, FORREST N 770 N. 93RD ST, #6 B4 OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ELLIS, WILLIAM THOMAS JR 9227 MOSS TRAIL DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, JANET 2311 OX BOW COURT ARLINGTON, TX 76006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIUZZI, JOSEPH R 129 MOORE DRIVE MEDIA, PA 19063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GULLEDGE, ALEXANDRA N 1513 COMANCHE DRIVE ALLEN, TX 75013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD GIESTKEMPER, DALE 7718 GIRARD CIRCLE OMAHA, NE 68122

**DO NOT WRITE
IN THIS SPACE**

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. Gulbeof 3/3/05 214 559 1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #