


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90009 020 \*\*\*150.00

<b>DOCUMENT # 850502</b> 1. Entity Name <b>REPUBLIC INSURANCE COMPANY</b>			
Principal Place of Business <b>PO BOX 192509 DALLAS, TX 75219</b>		Mailing Address <b>2725 TURTLE CREEK BLVD P.O. BOX 192509 DALLAS, TX 75219 US</b>	
2. Principal Place of Business <b>3333 LEE PARKWAY</b>		3. Mailing Address <b>SUITE 200</b>	
Suite, Apt. #, etc. <b>SUITE 200</b>		Suite, Apt. #, etc. 	
City & State <b>DALLAS, TX</b>		City & State 	
Zip <b>75219</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>75-1670124</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
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	D AJIT JAIN 14 ISLAND DR. RYE, NY 10580 <input type="checkbox"/> Change <input checked="" 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	D 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	V HARRISON, JANET 2311 OX BOW COURT ARLINGTON, TX 76006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIAN GERARD SNOVER 199 WOODBINE RD. STAMFORD, CT 06903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIUZZI, JOSEPH R 129 MOORE DRIVE MEDIA, PA 19063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAREN LEE RAINWATER 3814 NORTH 95TH ST. OMAHA, NE 68134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GULLEDGE, ALEXANDRA N 1513 COMANCHE DRIVE ALLEN, TX 75013 <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	ATD GIESTKEMPER, DALE 7718 GIRARD CIRCLE OMAHA, NE 68122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <i>Alexandra N. Gulledge</i>		2/13/06 214-559-1619 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			