

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90294 029 ***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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **KNUTTER, FOREST N**
STREET ADDRESS **70 N 93RD STREET, #6 B4**
CITY-ST-ZIP **OMAHA NE 68114**

TITLE **PD** ☒ Change ☐ Addition
NAME **KRUTTER, FORREST N.**
STREET ADDRESS **770 N. 93RD STREET, #6 B4**
CITY-ST-ZIP **OMAHA, NE 68114**

TITLE **VTD** ☐ Delete
NAME **ELLIS, WILLIAM THOMAS JR**
STREET ADDRESS **9227 MOSS TRAIL**
CITY-ST-ZIP **DALLAS TX 75231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HARRISON, JANET**
STREET ADDRESS **2311 OX BOW COURT**
CITY-ST-ZIP **ARLINGTON TX 76006**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **O'FARRELL, WILLIAM**
STREET ADDRESS **11 DEVONSHIRE DR**
CITY-ST-ZIP **DARIEN CT 06820**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **MORRISON, JENNIFER KAY**
STREET ADDRESS **2504 LAWDALE**
CITY-ST-ZIP **PLANO TX 75023**

TITLE **S** ☒ Change ☐ Addition
NAME **MORRISON, JENNIFER KAY**
STREET ADDRESS **2710 STONEPOINTE**
CITY-ST-ZIP **MCKINNEY, TX 75070**

TITLE **ATD** ☐ Delete
NAME **GIESTKEMPER, DALE**
STREET ADDRESS **7718 GIRARD CIRCLE**
CITY-ST-ZIP **OMAHA NE 68122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jennifer K. Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER K. MORRISON 1-21-03

Date

Daytime Phone #

CR2E034 (10/02)