**ZOGO UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9600005251 1. Entity Name THE MILLERS INSURANCE COMPANY Principal Place of Business 300 BURNETT ST PO BOX 2269 FORT WORTH TX 76113-2269 2. Principal Place of Business 777 Main Street Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country TARKANT 5. Certificate of Country T. Name and

FILED Mar 29, 2000 8:00 am Secretary of State

03-29-2000 90074 022 ***150.00

DUDITORY

					I I ttika o oka itkia akiri tu kki itk ik ar iki i	a iri dara arii ahib ib bi	101 1161 1151	
	al Place of Business MRIN STREET 3. Mailing Address							
Suite	e, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		
City & State City & State				4. (75-0439860	<u> </u>	plied For	
FORT WORTH TX			 		13 0400000		t Applicable	
Zip Country Zip 76 102 TARKAW T 6. Name and Address of Current Registered Agent			Country	5. Certificate of Status Desired Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name	Name				
INSURANCE COMMISSIONER			Street A	Street Address (P.O. Box Number is Not Acceptable)				
CAPITOL								
TALLAHASSEE FL 32399-0300							1	
			City	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.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OATE								
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW	!!! FEE IS \$150	.00	10 5 11 0			
Tax filing requirement and elects to do so. After MAY 1, 2000			- •		 Election Campaign Financing Trust Fund Contribution. 	~ _ ~	May Be	
(See criter	ia on back) 🗹	Make Check Payat	ble to Departmen	nt of State	Trust i dila della dalla i	_ ^	1.01.000	
11.	OFFICERS AND D	PIRECTORS	12.	ΑC	DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
TITLE	·DV	☐ Delete	TITLE			Change	☐ Addition	
NAME	KELLER, JOY J		NAME				Ì	
STREET ADDRESS	300 BURNETT ST		STREET ADDRESS		MAIN STREET, SU			
CITY-ST-ZIP	FT WORTH TX 76102		CITY-ST-ZIP	FOR-	T WORTH TX 7	6102		
TITLE	VS	🗶 Delete	TITLE	3/7/		☐ Change	Addition	
NAME	CHAO, ALFRED		NAME	JILL	H. DRIGGERS	/ / / / /		
STREET ADDRESS	300 BURNETT ST		STREET ADDRESS	777	MAINS TREET, SU	17E 7000	1	
CITY-ST-ZIP	FT WORTH TX 76102		CITY-ST-ZIP	FOR	WORTH TX 1	76102		
TITLE	C	Delete	TITLE	🗸		☐ Change	Addition	
NAME	DUNHAM III, FRANK	•	NAME	STEP	HEN T. MORGAN			
STREET ADDRESS	300 BURNETT ST		STREET ADDRESS	777	MAIN STREET, SU	TE 1000		
CITY-ST-ZIP	FT WORTH TX 76102		CITY-ST-ZIP	FOX7	WORTH TR			
TITLE	P	🗶 Delete	TITLE	1		☐ Change	☐ Addition	
NAME	THOMPSON, DAVID N	`	NAME					
STREET ADDRESS	3520 STONE CREEK LANE S.		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	FT WORTH TX 76137			1				
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME etheet annberg			NAME STREET ADDRESS				ļ	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
-				 		Change	Addition	
TITLE		☐ Delete	TITLE NAME			☐ Change	Addition	
NAME STREET ANDRESS			STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
	Control of the Contro	his follow days and accept to		Ladia Castina	110 07/0\6\ Florido Statuto - 4 - 4b-	or operify that the i-	formation	
13. I nereby o	certify that the information supplied with to on this report or supplemental report is to	rus uling does not qualify to	r ure exemption sta my signature shall l	ned in Section	in 19.07(3)(1), monda Statutes. Hunthi legal effect as if made under oath: t	er certily that the II hat I am an officer	or director	

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

TREASURER
STEAM UNE AND TYPED AND AND OF STEAMING OFFICER OR DIRECTOR

03/22/00

(817)348-1705

Daytime Phone #





THE MILLERS INSURANCE COMPANY OFFICERS

Joy J. Keller

President and CEO

Jill H. Driggers

Vice President, Controller, Treasurer and Secretary

Sharon B. Sholden

Vice President Personal Lines

Stephen T. Morgan

Vice President, Actuarial and Compliance

Robert B. Wilson

Vice President, Reinsurance and Special Projects

Angela H. Robinson

Vice President, Litigation and General Counsel

Richard Hitch

Vice President Commercial Lines

Janet Stone

Assistant Secretary, Secretary to the Board

Effective 1/25/00

196000005251

MILLERS INSURANCE COMPANY DIRECTORS

Frank A. Bailey, III

Thomas L. Carlisle

Frank G. Dunham, Jr.

Dennis J. DiCapua

Catherine B. Fryer

Joy J. Keller

Lamar C. Smith

Frank C. Wilson