

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005251

1. Entity Name
THE MILLERS INSURANCE COMPANY

Principal Place of Business
777 MAIN STREET
STE 1000
FT WORTH TX 76102
US

Mailing Address
PO BOX 2269
FORT WORTH TX 76113-2269

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 75-0439860

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
CAPITOL
TALLAHASSEE FL 32399-0300

Name
Street Address (P.O. Box Number is Not Acceptable)
100004616311--S
-10/01/01--01010--018
City ****750.44 ****750.00

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE DV
NAME KELLER, JOY J
STREET ADDRESS 777 MAIN ST STE 1000
CITY-ST-ZIP FT WORTH TX 76102 ☐ Delete

TITLE STV
NAME DRIGGERS, JILL H
STREET ADDRESS 777 MAIN STREET STE 1000
CITY-ST-ZIP FT WORTH TX 76102 ☒ Delete

TITLE V
NAME MORGAN, STEPHEN T
STREET ADDRESS 777 MAIN ST STE 1000
CITY-ST-ZIP FT WORTH TX 76102 ☐ Delete

TITLE
NAME 251.25 - AR ☐ Delete
STREET ADDRESS 10.00 - AR ARTS
CITY-ST-ZIP 88.75 - AR SUPP

TITLE
NAME 400.00 - GRA ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME SHOLDEN, SHAWN B
STREET ADDRESS 777 MAIN STREET, SUITE 1000
CITY-ST-ZIP FORT WORTH TX 76102 ☐ Change ☒ Addition

TITLE CD
NAME DRAWERT, JAMES G.
STREET ADDRESS 777 MAIN STREET, SUITE 1000
CITY-ST-ZIP FORT WORTH TX 76102 ☐ Change ☒ Addition

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

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

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

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

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: SIGNATURE REQUIRED Sholden

(817) 348-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

01 SEP 25 AM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)