

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005252

1. Entity Name

THE MILLERS CASUALTY INSURANCE COMPANY

Principal Place of Business

777 MAIN STREET
STE 1000
FT WORTH TX 76102
US

Mailing Address

PO BOX 2269
FT 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 75-1744516

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)

REINSTATEMENT 2001

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)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SHARON S. HOLDEN
777 MAIN ST, SUITE 1000
FORT WORTH, TX 76102 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004617040-3
-10/01/01--01014--022
****750.00 ****750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
THOMPSON, DAVID N
300 BURNETT ST
FT WORTH TX 76102 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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: SHARON S. HOLDEN Sholden

(817) 348-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0138543 AB

CR2E034 (5/01)

FILED

01 SEP 25 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE