

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 11 04 AM

DOCUMENT # 851719 (5)
1. Corporation Name
UNITED AMERICAN INSURANCE COMPANY

Principal Place of Business Mailing Address
**2909 N BUCKNER BLVD
PO BOX 810
DALLAS TX 75228** **2909 N BUCKNER BLVD
PO BOX 810
DALLAS TX 75228**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/13/1982 **07/06/1994**

4. FEI Number Applied For
73-1128555 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. 26.

Suite, Apt. #, etc. Suite, Apt. #, etc.

22. 27.

City & State City & State

23. 28.

Zip Country Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (Print) Registered Agent signature required when handwriting DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MONTGOMERY, ROSEMARY J
STREET ADDRESS	4111 PECAN ORCHARD PARKER TX
CITY - ST - ZIP	
TITLE	PD
NAME	MCANDREW, MARK S
STREET ADDRESS	5901 N COUNTRY CLUB EDMOND OK
CITY - ST - ZIP	
TITLE	V
NAME	GOCKEL, DOUGLAS
STREET ADDRESS	6915 GLENBROOK DALLAS TX
CITY - ST - ZIP	
TITLE	VS
NAME	HUTCHISON, LARRY M
STREET ADDRESS	902 WESTMINISTER DUNCANVILLE TX
CITY - ST - ZIP	
TITLE	C
NAME	STOCK, SAM E
STREET ADDRESS	% 2909 N BUCKNER BLVD. DALLAS TX
CITY - ST - ZIP	
TITLE	VTD
NAME	COLEMAN, GARY L.
STREET ADDRESS	1901 CAMPBELL TRAIL RICHARDSON TX
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report or on an attachment with

SIGNATURE: *Sam E. Stock* **COMPTROLLER SAM E. STOCK** (214) 328-2841 5-22-95 214 328 2841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature) (Phone)