

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 09 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

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



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

Mailing Address
**2909 N BUCKNER BLVD
PO BOX 810
DALLAS TX 75228-4851**

3. Date Incorporated or Qualified **01/13/1982** 3a. Date of Last Report **02/14/1996**

4. FEI Number **73-1128555** Applied For 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

21 **3700 S. Stonebridge Dr.** 26 **P. O. Box 8080**
Suite, Apt. #, etc.

22 City & State 27 City & State
McKinney, TX **McKinney, TX**

24 **75070** 25 **USA** 28 **75070** 30 **USA**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, ROSEMARY J	1.2 NAME	
STREET ADDRESS	4111 PECAN ORCHARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKER TX	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCANDREW, MARK S	2.2 NAME	
STREET ADDRESS	5901 N COUNTRY CLUB	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDMOND OK	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOCKEL, DOUGLAS	3.2 NAME	
STREET ADDRESS	6915 GLENBROOK	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHISON, LARRY M	4.2 NAME	
STREET ADDRESS	902 WESTMINSTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNCANVILLE TX	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCK, SAM E	5.2 NAME	
STREET ADDRESS	% 2909 N BUCKNER BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	
TITLE	VTD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, GARY L.	6.2 NAME	
STREET ADDRESS	1901 CAMPBELL TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	RICHARDSON TX	6.4 CITY-ST-ZIP	

14. I do 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 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, changed, or on an attachment with an address.

CR2E034 (9/96)