

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

**FILED**

**Feb 13 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 851719 (5)**

1. Corporation Name  
**UNITED AMERICAN INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3700 S STONEBRIDGE DR PO BOX 810 MCKINNEY TX 75070 US</b>	Mailing Address <b>P O BOX 8080 PO BOX 810 MCKINNEY TX 75070 US</b>
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3. Date Incorporated or Qualified <b>01/13/1982</b>	
4. FEI Number <b>73-1128555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt #, etc.	26 Sulte, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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	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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address.

*Sandra B. Mortham* 02/13/98 09:22:50 AM

CR2E034 (10/97)