

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

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90009 015 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **851719**

1. Corporation Name
UNITED AMERICAN INSURANCE COMPANY

Principal Place of Business: 3700 S STONEBRIDGE DR, PO BOX 810, MCKINNEY TX 75070 US

Mailing Address: P O BOX 8080, PO BOX 810, MCKINNEY TX 75070 US

3. Date Incorporated or Qualified: **01/13/1982**

4. FEI Number: **73-1128555**

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

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

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

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)(l), 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, with all other like empowered.

SIGNATURE: *Sam E Stock* DATE: *1-22-99* DAYTIME PHONE #: *972 549 3214*

CR2E034 (11/98)