

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90189 019 \*\*\*150.00

**DOCUMENT # 851719**

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>73-1128555</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>FLORIDA STATE INSURANCE COMMISSIONER</b> <b>THE CAPITOL BUILDING</b> <b>TALLAHASSEE FL 32301</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	
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>5900 WATERVIEW</b>
CITY-ST-ZIP	<b>MC KINNEY TX 75070</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>1107 GREENHILL RD</b>
CITY-ST-ZIP	<b>DUNCANVILLE TX 75137</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>ADAMS, JON A</b>
STREET ADDRESS	<b>6282 MC COMMAS</b>
CITY-ST-ZIP	<b>DALLAS TX 75214</b>
TITLE	<b>VTD</b> <input type="checkbox"/> Delete
NAME	<b>COLEMAN, GARY L.</b>
STREET ADDRESS	<b>2105 BANEIS</b>
CITY-ST-ZIP	<b>RICHARDSON TX 75082</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)