


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90001 042 \*\*\*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**

**54060059**



2. Principal Place of Business  
**3700 S. Stonebridge Dr.**

3. Mailing Address  
**PO Box 8080**

Suite, Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State  
**McKinney, TX**

City & State  
**McKinney, TX**

Zip  
**75070** Country  
**US**

Zip  
**75070** Country  
**US**

4. FEI Number  
**73-1128555**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTGOMERY, ROSEMARY J 4111 PECAN ORCHARD PARKER, TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCANDREW, MARK S 5900 WATERVIEW MC KINNEY, TX 75070 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOCKEL, DOUGLAS 6915 GLENBROOK DALLAS, TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HUTCHISON, LARRY M 1107 GREENHILL RD DUNCANVILLE, TX 75137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, JON A 6282 MC COMMAS DALLAS, TX 75214 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COLEMAN, GARY L. 2105 BRANDEIS RICHARDSON, TX 75082 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

6628 Whispering Woods Court  
Plano, TX 75024

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **07/02/04** **972-569-3744**

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