
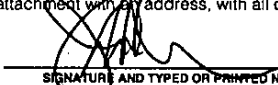


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90012 010 ***150.00

DOCUMENT # 851719							
1. Entity Name UNITED AMERICAN INSURANCE COMPANY							
Principal Place of Business 3700 S STONEBRIDGE DR MCKINNEY, TX 75070 US		Mailing Address P O BOX 8080 MCKINNEY, TX 75070 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 73-1128555			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MONTGOMERY, ROSEMARY J		NAME				
STREET ADDRESS	4111 PECAN ORCHARD		STREET ADDRESS				
CITY-ST-ZIP	PARKER, TX		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCANDREW, MARK S		NAME	HERBEL, VERN D.			
STREET ADDRESS	5900 WATERVIEW		STREET ADDRESS	1007 S. WELLINGTON POINT RD.			
CITY-ST-ZIP	MC KINNEY, TX 75070		CITY-ST-ZIP	MCKINNEY, TX 75070			
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GOCKEL, DOUGLAS		NAME				
STREET ADDRESS	6915 GLENBROOK		STREET ADDRESS				
CITY-ST-ZIP	DALLAS, TX		CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HUTCHISON, LARRY M		NAME				
STREET ADDRESS	1107 GREENHILL RD		STREET ADDRESS				
CITY-ST-ZIP	DUNCANVILLE, TX 75137		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ADAMS, JON A		NAME				
STREET ADDRESS	6282 MC COMMAS		STREET ADDRESS				
CITY-ST-ZIP	DALLAS, TX 75214		CITY-ST-ZIP				
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COLEMAN, GARY L.		NAME				
STREET ADDRESS	2105 BRANDEIS		STREET ADDRESS	6628 WHISPERING WOODS COURT			
CITY-ST-ZIP	RICHARDSON, TX 75082		CITY-ST-ZIP	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 my address, with all other like empowered.							
SIGNATURE: 		JON ADAMS, VICE-PRESIDENT		01/03/05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		972-569-3744			
				<small>Daytime Phone #</small>			

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