

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

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**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000386283
01/18/06-80052-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MONTGOMERY, ROSEMARY J 4111 PECAN ORCHARD PARKER, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERBEL, VERN D 1007 S WELLINGTON POINT RD MC KINNEY, TX 75070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOCKEL, DOUGLAS 6915 GLENBROOK DALLAS, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HUTCHISON, LARRY M 1107 GREENHILL RD DUNCANVILLE, TX 75137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ADAMS, JON A 6282 MC COMMAS DALLAS, TX 75214
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD COLEMAN, GARY L. 6628 WHISPERING WOODS COURT PLANO, TX 75024

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Jon Adams, Vice-President

01-05-06

972-569-3744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #