

2007 FOR PROFIT CORPORATION ANNUAL REPORT


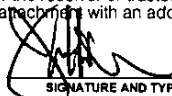
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Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90015 027 ***150.00

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01042007 Chg-P CR2E034 (12/06)

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 73-1128555				Applied For <input type="checkbox"/> 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, 2007 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 checked="" type="checkbox"/> Addition
NAME	MONTGOMERY, ROSEMARY J		NAME		ZIP CODE
STREET ADDRESS	4111 PECAN ORCHARD		STREET ADDRESS		
CITY-ST-ZIP	PARKER, TX		CITY-ST-ZIP	PARKER, TX 75002	
TITLE	P	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change
NAME	HERBEL, VERN D		NAME		<input checked="" type="checkbox"/> Addition
STREET ADDRESS	1007 S WELLINGTON POINT RD		STREET ADDRESS		
CITY-ST-ZIP	MC KINNEY, TX 75070		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOCKEL, DOUGLAS		NAME		ZIP CODE
STREET ADDRESS	6915 GLENBROOK		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX		CITY-ST-ZIP	DALLAS, TX 75252	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	VSD	<input type="checkbox"/> Change
NAME	HUTCHISON, LARRY M		NAME		<input checked="" type="checkbox"/> Addition
STREET ADDRESS	1107 GREENHILL RD		STREET ADDRESS		
CITY-ST-ZIP	DUNCANVILLE, TX 75137		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, JON A		NAME		
STREET ADDRESS	6282 MC COMMAS		STREET ADDRESS	6333 BRYAN PARKWAY	
CITY-ST-ZIP	DALLAS, TX 75214		CITY-ST-ZIP	DALLAS, TX 75214	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change
NAME	COLEMAN, GARY L.		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	6628 WHISPERING WOODS COURT		STREET ADDRESS		
CITY-ST-ZIP	PLANO, TX 75024		CITY-ST-ZIP		
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		01/05/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		972-569-3744	
				Daytime Phone #	