
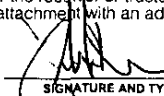


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90038 010 \*\*\*150.00

<b>DOCUMENT # 851719</b>							
1. Entity Name <b>UNITED AMERICAN INSURANCE COMPANY</b>							
Principal Place of Business <b>3700 S STONEBRIDGE DR MCKINNEY, TX 75070 US</b>			Mailing Address <b>P O BOX 8080 MCKINNEY, TX 75070 US</b>				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip			Country				
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				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>CHIEF FINANCIAL OFFICER</b> 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			<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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 75002		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERBEL, VERN D		NAME	Andrew W. King			
STREET ADDRESS	1007 S WELLINGTON POINT RD		STREET ADDRESS	2105 Plantation			
CITY-ST-ZIP	MC KINNEY, TX 75070		CITY-ST-ZIP	Plano, TX 75093			
TITLE	V	<input 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 75252		CITY-ST-ZIP				
TITLE	VSD	<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	6333 BRYAN PARKWAY		STREET ADDRESS				
CITY-ST-ZIP	DALLAS, TX 75214		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLEMAN, GARY L.		NAME				
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.							
<b>SIGNATURE:</b> 		Jon A. Adams/Vice President		01/18/2008 972-569-3744			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

40011001



01072008 Chg-P CR2E034 (12/06)