

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 851719

**Entity Name:** UNITED AMERICAN INSURANCE COMPANY

**Current Principal Place of Business:**

3700 S STONEBRIDGE DR  
MCKINNEY, TX 75070

**Current Mailing Address:**

3700 S. STONEBRIDGE DRIVE  
MCKINNEY, TX 75070 US

**FEI Number:** 73-1128555

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BARRETT, FRANCIS J  
Address 3700 S STONEBRIDGE DR  
City-State-Zip: MCKINNEY TX 75070

Title PRESIDENT, CEO  
Name MAJORS, MICHAEL C  
Address 1608 SUMMER OAKS DRIVE  
City-State-Zip: ALLEN TX 75013

Title SECRETARY  
Name SCARBOROUGH, JOEL P  
Address 3700 S. STONEBRIDGE DRIVE  
City-State-Zip: MCKINNEY TX 75070

Title TREASURER  
Name HENRIE, M SHANE  
Address 4600 ANISLEY DRIVE  
City-State-Zip: PLANO TX 75024

Title SVP  
Name ADAMS, JON A  
Address 6333 BRYAN PARKWAY  
City-State-Zip: DALLAS TX 75214

Title DIRECTOR  
Name BARRETT, FRANCIS J  
Address 3700 S. STONEBRIDGE DRIVE  
City-State-Zip: MCKINNEY TX 75070

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JON ADAMS

**SR. VICE PRESIDENT**

**01/03/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date