2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851719

Entity Name: UNITED AMERICAN INSURANCE COMPANY

Entity Name: ONTED AMERICANI INCOMMISE COM

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: No

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

FILED Jan 02, 2019

Secretary of State

CC1616993194

Officer/Director Detail:

Title	DIRECTOR	Title	PRESIDENT, CEO
Name	LUTEK, BEN W	Name	MAJORS, MICHAEL C
Address	2901 CEDAR RIDGE DRIVE	Address	1608 SUMMER OAKS DRIVE

City-State-Zip: MCKINNEY TX 75070 City-State-Zip: ALLEN TX 75013

Title **TREASURER** Title **SECRETARY** HENRIE, M SHANE Name Name SCARBOROUGH, JOEL P Address 4600 ANISLEY DRIVE Address 3700 S. STONEBRIDGE DRIVE City-State-Zip: PLANO TX 75024 City-State-Zip: MCKINNEY TX 75070

Title SVP Title DIRECTOR

Name ADAMS, JON A Name BARRETT, FRANCIS J

Address 6333 BRYAN PARKWAY Address 3700 S. STONEBRIDGE DRIVE

City-State-Zip: DALLAS TX 75214 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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: JON ADAMS

SR. VICE PRESIDENT

01/02/2019