

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 806047

1. Entity Name
UNITED INSURANCE COMPANY OF AMERICA



Principal Place of Business
**ONE EAST WACKER DRIVE
CHICAGO, IL 60601 US**

Mailing Address
**12115 LACKLAND ROAD
SAINT LOUIS, MO 63146 US**



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-1896670

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**

10. OFFICERS AND DIRECTORS

TITLE VS
NAME CAMILLO, JOHN R
STREET ADDRESS 12115 LACKLAND ROAD
CITY-ST-ZIP SAINT LOUIS, MO 63146

TITLE VT
NAME MYERS, THOMAS D
STREET ADDRESS 12115 LACKLAND ROAD
CITY-ST-ZIP SAINT LOUIS, MO 63146

TITLE PD
NAME ROYSTER, DON M SR
STREET ADDRESS 12115 LACKLAND ROAD
CITY-ST-ZIP SAINT LOUIS, MO 63146

TITLE V
NAME MILLER, RICHARD J
STREET ADDRESS 12115 LACKLAND ROAD
CITY-ST-ZIP SAINT LOUIS, MO 63146

TITLE D
NAME DRAUT, ERIC J
STREET ADDRESS ONE EAST WACKER DRIVE
CITY-ST-ZIP CHICAGO, IL 60601

TITLE D
NAME SOUTHWELL, DONALD G
STREET ADDRESS ONE E. WACKER DRIVE
CITY-ST-ZIP CHICAGO, IL 60601

**DO NOT WRITE
IN THIS SPACE**

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04/29/06-80047-021 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06

Date

866-415-0265 x 4690

Daytime Phone #