


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90048 013 ***150.00

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40011914



01302007 Chg-P CR2E034 (12/06)

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	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
	State: 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 _____
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CAMILLO, JOHN R		NAME	
STREET ADDRESS: 12115 LACKLAND ROAD		STREET ADDRESS	
CITY-ST-ZIP: SAINT LOUIS, MO 63146		CITY-ST-ZIP	
TITLE: VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MYERS, THOMAS D		NAME	
STREET ADDRESS: 12115 LACKLAND ROAD		STREET ADDRESS	
CITY-ST-ZIP: SAINT LOUIS, MO 63146		CITY-ST-ZIP	
TITLE: PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROYSTER, DON M SR		NAME	
STREET ADDRESS: 12115 LACKLAND ROAD		STREET ADDRESS	
CITY-ST-ZIP: SAINT LOUIS, MO 63146		CITY-ST-ZIP	
TITLE: V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MILLER, RICHARD J		NAME	
STREET ADDRESS: 12115 LACKLAND ROAD		STREET ADDRESS	
CITY-ST-ZIP: SAINT LOUIS, MO 63146		CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DRAUT, ERIC J		NAME	
STREET ADDRESS: ONE EAST WACKER DRIVE		STREET ADDRESS	
CITY-ST-ZIP: CHICAGO, IL 60601		CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SOUTHWELL, DONALD G		NAME	
STREET ADDRESS: ONE E. WACKER DRIVE		STREET ADDRESS	
CITY-ST-ZIP: CHICAGO, IL 60601		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: *John R. Camillo* **Secretary** **2-5-07** **314-819-4990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40011914

#806047

United Insurance Company of America
Officers & Directors Continued:

7. V
Deborah L. Quaglia
12115 Lackland Road
St. Louis, MO 63146

8. D
David F. Bengston
One East Wacker Dr.
Chicago, IL 60601