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Jun 07, 1999 8:00 am  
Secretary of State

06-07-1999 90013 018 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844252

1. Corporation Name

UNITED COMPANIES FINANCIAL CORPORATION

Principal Place of Business

4041 ESSEN LANE  
BATON ROUGE LA 70809  
US

Mailing Address

P.O. BOX 1591  
BATON ROUGE LA 70821-8591  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8687 United Plaza Blvd.		26		09/28/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		71-0430414	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Baton Rouge, LA		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 70809		29		30 USA	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, J T	1.2 NAME	Deborah Midgnek
STREET ADDRESS	4041 ESSEN LANE	1.3 STREET ADDRESS	8687 United Plaza Blvd.
CITY-ST-ZIP	BATON ROUGE LA	1.4 CITY-ST-ZIP	Baton Rouge, LA 70809
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIENES, JOHN D	2.2 NAME	Jesse O. Griffin
STREET ADDRESS	4041 ESSEN LANE	2.3 STREET ADDRESS	8687 United Plaza Blvd.
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP	Baton Rouge, LA 70809
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMAN, DALE	3.2 NAME	Michael Trickey
STREET ADDRESS	4041 ESSEN LANE	3.3 STREET ADDRESS	8687 United Plaza Blvd.
CITY-ST-ZIP	BATON ROUGE LA	3.4 CITY-ST-ZIP	Baton Rouge, LA 70809
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SHERRY E	4.2 NAME	
STREET ADDRESS	4041 ESSEN LN	4.3 STREET ADDRESS	8687 United Plaza Blvd.
CITY-ST-ZIP	BATON ROUGE LA	4.4 CITY-ST-ZIP	Baton Rouge, LA 70809
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LAURA T	5.2 NAME	
STREET ADDRESS	4041 ESSEN LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (11/98)