
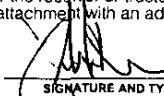


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90038 010 \*\*\*150.00

<b>DOCUMENT # 851719</b>					
1. Entity Name <b>UNITED AMERICAN INSURANCE COMPANY</b>					
Principal Place of Business <b>3700 S STONEBRIDGE DR MCKINNEY, TX 75070 US</b>			Mailing Address <b>P O BOX 8080 MCKINNEY, TX 75070 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER</b> 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 <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, ROSEMARY J		NAME		
STREET ADDRESS	4111 PECAN ORCHARD		STREET ADDRESS		
CITY-ST-ZIP	PARKER, TX 75002		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBEL, VERN D		NAME	Andrew W. King	
STREET ADDRESS	1007 S WELLINGTON POINT RD		STREET ADDRESS	2105 Plantation	
CITY-ST-ZIP	MC KINNEY, TX 75070		CITY-ST-ZIP	Plano, TX 75093	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOCKEL, DOUGLAS		NAME		
STREET ADDRESS	6915 GLENBROOK		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75252		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHISON, LARRY M		NAME		
STREET ADDRESS	1107 GREENHILL RD		STREET ADDRESS		
CITY-ST-ZIP	DUNCANVILLE, TX 75137		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JON A		NAME		
STREET ADDRESS	6333 BRYAN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75214		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, GARY L.		NAME		
STREET ADDRESS	6628 WHISPERING WOODS COURT		STREET ADDRESS		
CITY-ST-ZIP	PLANO, TX 75024		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: 		Jon A. Adams/Vice President		01/18/2008 972-569-3744	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40011001



01072008 Chg-P CR2E034 (12/06)

4. FEI Number **73-1128555** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required