

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851719

FILED
Mar 21, 2012
Secretary of State

Entity Name: UNITED AMERICAN INSURANCE COMPANY

Current Principal Place of Business:

3700 S STONEBRIDGE DR
MCKINNEY, TX 75070 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 8080
MCKINNEY, TX 75070 US

New Mailing Address:

3700 S. STONEBRIDGE DRIVE
MCKINNEY, TX 75070 US

FEI Number: 73-1128555 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SVP
Name: LUTEK, BEN W
Address: 2901 CEDAR RIDGE DRIVE
City-St-Zip: MCKINNEY, TX 75070

Title: P
Name: HERBEL, VERN D
Address: 1007 S. WELLINGTON POINT ROAD
City-St-Zip: MCKINNEY, TX 75070

Title: V
Name: GOCKEL, DOUGLAS
Address: 6915 GLENBROOK
City-St-Zip: DALLAS, TX 75252

Title: EVP
Name: ALMOND, DANNY H
Address: 6300 BEACON HILL PLANO
City-St-Zip: PLANO, TX 75093

Title: V
Name: ADAMS, JON A
Address: 6333 BRYAN PARKWAY
City-St-Zip: DALLAS, TX 75214

Title: D
Name: COLEMAN, GARY L.
Address: 6628 WHISPERING WOODS COURT
City-St-Zip: PLANO, TX 75024

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.

SIGNATURE: JON A. ADAMS

VP

03/21/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date