2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 18, 2000 8:00 am Secretary of State DOCUMENT # F99000004644 1. Entity Name UC INSURANCE CORPORATION 07-18-2000 90089 010 ***550.00 Principal Place of Business Mailing Address 8549 UNITED PLAZA BLVD. 8549 UNITED PLAZA BLVD. BATON ROUGE LA 70809 BATON ROUGE LA 70809 2. Principal Place of Business 3. Mailing Address 11111 Wilcrest Green Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 250 City & State City & State 4. FEI Number Applied For 72-1450918 Houston, TX Not Applicable Zip -Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 77042 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE TITLE ☐ Change Delete NAME THOMPSON, D. RICHARD NAME STREET ADDRESS STREET ADDRESS 11111 WILCREST GREEN, SUITE 250 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77042** ■ Addition TITLE ☐ Delete Change NAME BALOG, MICHAEL C NAME STREET ADDRESS STREET ADDRESS 11111 WILCREST GREEN, SUITE 250 CITY-ST-ZIE CITY-ST-ZIP **HOUSTON TX 77042** Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITI F ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Muchael C. Balog

☐ Oelete

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



(713) 787-0100

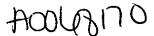
☐ Change

Addition

Daytime Phone #

F9900004644





July 12, 2000

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: 2000 Uniform Business Report #F99000004644

Dear Sir or Madam:

Enclosed please find the 2000 Uniform Business Report #F9900004644 for UC Insurance Corporation along with our check in the amount of \$550.00.

If you have any questions, please contact our office at (800) 991-5625.

Sincerely,

Delores Turner

Encl.