


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

01-23-2007 90015 005 \*\*\*150.00

G98214

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 MAY -1 AM 6:58

<b>DOCUMENT # G98214</b>					
1. Entity Name UNION AMERICAN INSURANCE COMPANY					
Principal Place of Business 8420 NW 52 St. Suite 201 Miami, FL 33166			Mailing Address P.O. Box 0817 Miami, FL 33152-0817		
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	4. FEI Number 59-2479463	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CDP	<input checked="" type="checkbox"/> Delete	TITLE	Hugh Dates	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, JOSE M.		NAME	Deputy Receiver	
STREET ADDRESS	8300 W FLAGLER ST., STE 250		STREET ADDRESS	2020 Capital Circle SE Suite 310	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	Alexander Building Tallahassee, FL 32399	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Wayne Johnson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, ANETTE R		NAME	Deputy Receiver	
STREET ADDRESS	8300 W FLAGLER ST., STE 250		STREET ADDRESS	2020 Capital Circle SE Suite 310	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	Alexander Building Tallahassee, FL 32399	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Robert J. Castellanos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, DAVID M		NAME	Deputy Receiver	
STREET ADDRESS	8300 W FLAGLER ST STE 250		STREET ADDRESS	2020 Capital Circle SE Suite 310	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	Alexander Building Tallahassee, FL 32399	
TITLE		<input checked="" type="checkbox"/> Delete	TITLE	Mary Schwantes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Deputy Receiver	
STREET ADDRESS			STREET ADDRESS	2020 Capital Circle SE Suite 310	
CITY-ST-ZIP			CITY-ST-ZIP	Alexander Building Tallahassee, FL 32399	
TITLE		<input type="checkbox"/> Delete	TITLE	Allyson Puckett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Deputy Receiver	
STREET ADDRESS			STREET ADDRESS	2020 Capital Circle SE Suite 310	
CITY-ST-ZIP			CITY-ST-ZIP	Alexander Building Tallahassee, FL 32399	
TITLE		<input type="checkbox"/> Delete	TITLE	Patti Trupin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Deputy Receiver	
STREET ADDRESS			STREET ADDRESS	2020 Capital Circle SE Suite 310	
CITY-ST-ZIP			CITY-ST-ZIP	Alexander Building Tallahassee, FL 32399	
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: <u>[Signature]</u> DATE: <u>4/16/07</u>					

**ATTACHMENT**

66610439  
**# 698214**

IN THE CIRCUIT COURT OF THE  
SECOND JUDICIAL CIRCUIT, IN  
AND FOR LEON COUNTY, FLORIDA

In Re: The Receivership of  
UNION AMERICAN  
INSURANCE COMPANY,  
A Florida Corporation

CIVIL ACTION NO.: 2005-0323

FLA BAR NO.: 0530107

**NOTICE REGARDING DEPUTY RECEIVERS**

**PLEASE TAKE NOTICE:**

The State of Florida, Department of Financial Services as court-appointed Receiver of this company, pursuant to the provisions of Chapter 631, Florida Statutes, has designated Patti Turpin, of the Division of Rehabilitation and Liquidation, Mary Schwantes, of the Division of Rehabilitation and Liquidation, Robert J. Castellanos, of the Division of Rehabilitation and Liquidation, Wayne Johnson, of the Division of Rehabilitation and Liquidation and Allyson Puckett, of the Division of Rehabilitation and Liquidation, and Hugh Dates to act in the capacity of Deputy Receivers.

Said individuals shall serve as Deputy Receivers until this appointment is revoked by notice filed with this Court. All prior appointments are hereby revoked.

DATED this 15<sup>th</sup> day of February, 2005.

A Certified Copy  
Attest:

**Bob Inzer**

Clerk of Circuit Court  
Leon County, Florida

By [Signature]

D.C.



Robert V. Elias

ROBERT V. ELIAS  
ATTORNEY FOR THE RECEIVER  
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TALLAHASSEE, FLORIDA 32302  
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