

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90070 001 ***150.00

DOCUMENT # G98214

1. Entity Name
UNION AMERICAN INSURANCE COMPANY



Principal Place of Business
**8420 N.W. 52 STREET, STE 201
MIAMI, FL 33166 US**

Mailing Address
**P.O. BOX 0817
MIAMI, FL 33152-0817**

40002011



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2479463

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR DATES, HUGH 2020 CAPITAL CIRCLE S.E., STE 310 TALLAHASSEE, FL 32399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR JOHNSON, WAYNE 2020 CAPITAL CIRCLE S.E., STE 310 TALLAHASSEE, FL 32399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR CASTELLANOS, ROBERT J 2020 CAPITAL CIRCLE S.E., STE 310 TALLAHASSEE, FL 32399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SCHWANTES, MARY 2020 CAPITAL CIRCLE S.E., STE 310 TALLAHASSEE, FL 32399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR PUCKETT, ALLYSON 2020 CAPITAL CIRCLE S.E., STE 310 TALLAHASSEE, FL 32399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR TRUPIN, PATTI 2020 CAPITAL CIRCLE S.E., STE 310 TALLAHASSEE, FL 32399

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IN THIS SPACE**

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 empowers.

SIGNATURE: * *Hugh Dates* **HUGH DATES** 1-7-08 (786) 336-1381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #