

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G98214

FILED  
Aug 28, 2012  
Secretary of State

**Entity Name:** UNION AMERICAN INSURANCE COMPANY

**Current Principal Place of Business:**

8240 N.W. 52 TERR  
SUITE 102  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 0817  
MIAMI, FL 331520817

**New Mailing Address:**

**FEI Number:** 59-2479463

**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: DR  
Name: DATES, HUGH  
Address: 2020 CAPITAL CIRCLE S.E., STE 310  
City-St-Zip: TALLAHASSEE, FL 32399

Title: DR  
Name: TURPIN, PATTI  
Address: 2020 CAPITAL CIRCLE S.E., STE 310  
City-St-Zip: TALLAHASSEE, FL 32399

Title: DR  
Name: JAMES, SHA'RON  
Address: 2020 CAPITAL CIRCLE S.E., STE 310  
City-St-Zip: TALLAHASSEE, FL 32399

Title: DR  
Name: PUCKETT, ALLYSON  
Address: 2020 CAPITAL CIRCLE S.E., STE 310  
City-St-Zip: TALLAHASSEE, FL 32399

Title: DR  
Name: ZACUR, SALMA  
Address: 2020 CAPITAL CIRCLE S.E., STE 310  
City-St-Zip: TALLAHASSEE, FL 32399

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: HUGH DATES

DR

08/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date