2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2015
Secretary of State
CC6012014061

DOCUMENT# P00000064008

Entity Name: UNITED AUTOMOBILE INSURANCE GROUP, INC.

Current Principal Place of Business:

1313 NW 167 STREET
MIAMI GARDENS, FL 33169

Current Mailing Address:

1313 NW 167 STREET
MIAMI GARDENS, FL 33169

FEI Number: 65-1037280

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUSZ, PAUL EESQ
1313 NW 167 STREET
MIAMI GARDENS, FL 33169 US

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

Officer/Director Detail :

Title	PD
Name	PARRILLO, RICHARD PSR
Address	1313 NW 167 STREET
City-State-Zip:	MIAMI GARDENS FL 33169

Title	D
Name	PARRILLO, BEAU W
Address	1313 NW 167 STREET
City-State-Zip:	MIAMI GARDENS FL 33169

Title	D
Name	RAMIREZ, JACK
Address	360 E LOCH LLOYD PKWY
City-State-Zip:	LOCH LLOYD MO 64012

Title	TREASURER
Name	POLACHEK, PAUL
Address	1313 NW 167 STREET
City-State-Zip:	MIAMI GARDENS FL 33169

Title	D
Name	MCCARTHY, BARBARA
Address	360 E LOCH LLOYD PKWY
City-State-Zip:	OAK BROOK IL 60523

Title	D
Name	MCCARTHY, PATRICK A
Address	16 LOCHINVAR LANE
City-State-Zip:	OAKBROOK IL 60523

Title	S
Name	MUSA, THAYER EESQ.
Address	1313 NW 167 STREET
City-State-Zip:	MIAMI GARDENS FL 33169

Title	DIRECTOR
Name	MCCARTHY, GEORGE
Address	1313 NW 167 STREET
City-State-Zip:	MIAMI GARDENS FL 33169

Continues on page 2

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: THAYER MUSA SECRETARY 03/25/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	POSNER, K. MITCHELL
Address	776 DAKOTA TRAIL
City-State-Zip:	FRANKLIN LAKES NY 07417

Title	DIRECTOR
Name	SPATUZZA, JOHN
Address	221 N LASALLE ST 2000
City-State-Zip:	CHICAGO IL 60601

Title	DIRECTOR
Name	GOLDING, CORNELIUS
Address	100 WILSON ROAD 54
City-State-Zip:	SPRINGFIELD NJ 07081

Title	DIRECTOR
Name	PARRILLO, SAMANTHA
Address	1313 NW 167 STREET
City-State-Zip:	MIAMI GARDENS FL 33169

Title	DIRECTOR
Name	SIEGLER, MARK DR.
Address	5801 S BLACKSTONE AVE
City-State-Zip:	CHICAGO IL 60637

Title	DIRECTOR
Name	HOFFMANN, SARAH DIRECTOR
Address	501 N WELLS
City-State-Zip:	CHICAGO IL 60654

Title	DIRECTOR
Name	HITCHCOCK, JON A
Address	12834 LAMAR AVE
City-State-Zip:	OVERLAND PARK KS 66209