2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000001065

1. Entity Name
UNIVERSAL UNDERWRITERS INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
7045 COLLEGE BLVD OVERLAND PARK, KS 66211	7045 COLLEGE BLVD OVERLAND PARK, KS 66211 US

DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3126497
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

000000195344
01/26/05-80024-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, S.R
STREET ADDRESS	7045 COLLEGE BLVD
CITY-ST-ZIP	OVERLAND PARK, KS 66221
TITLE	VSD
NAME	STARNES, C R
STREET ADDRESS	7045 COLLEGE BLVD
CITY-ST-ZIP	OVERLAND PARK, KS 66211
TITLE	VTD
NAME	GROSS, C J
STREET ADDRESS	7045 COLLEGE BLVD
CITY-ST-ZIP	OVERLAND PARK, KS 66211
TITLE	AVAS
NAME	WOHLETZ, JOHN P
STREET ADDRESS	7045 COLLEGE BLVD
CITY-ST-ZIP	OVERLAND PARK, KS 66211
TITLE	EVPD
NAME	MCHUGH, MICHAEL W
STREET ADDRESS	7045 COLLEGE BLVD
CITY-ST-ZIP	OVERLAND PARK, KS 66211
TITLE	SRVD
NAME	KANE, DENNIS G
STREET ADDRESS	7045 COLLEGE BLVD
CITY-ST-ZIP	OVERPARK, FL 68211

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Wohletz 1/10/05 913-339-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #