

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06601

Entity Name: W & R INSURANCE AGENCY, INC.**Current Principal Place of Business:**6300 LAMAR AVENUE
OVERLAND PARK, KS 66202**Current Mailing Address:**ATTN: JAMES D. HUGHES
6300 LAMAR AVE.
OVERLAND PARK, KS 66202**FEI Number:** 43-1357226**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DP
Name	ANDERSON, STEVEN E
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

Title	S
Name	HILLS, WENDY J
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

Title	D
Name	BUTCH, THOMAS W
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

Title	DIRECTOR
Name	STROHM, MICHAEL D.
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

Title	T
Name	BLOSS, BRENT K
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

Title	VP
Name	BUYLE, MARK P
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

Title	AS
Name	HUGHES, JAMES D
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

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: JAMES D. HUGHES**ASSISTANT SECRETARY** 04/24/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date