2007 FOR PROFIT CORPORATION

May 03, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #820299** 05-03-2007 90068 044 ***150.00 1. Entity Name UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY 40104251 Principal Place of Business Mailing Address 7045 COLLEGE BLVD. 7045 COLLEGE BLVD. OVERLAND PARK, KS 66211 OVERLAND PARK, KS 66211 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 43-0824418 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF-FINANCIAL OFFICER COMPONA +1 on Service Con POBOX 6200 (32314-6200) 1201 Hayes Sheet 10 200 E. GAINES ST TALLAHASSEE, FL 3230 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL -32300-0000 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition NAME BRADLEY, THOMAS A NAME STREET ADDRESS 7045 COLLEGE BLVD STREET ADDRESS OVERLAND, KS 66211 CITY-ST-ZIP CITY-ST-ZIP SVD TITLE ☐ Delete TITLE ☐ Change Addition NAME STROHFUS, PAUL M NAME STREET ADDRESS 7045 COLLEGE BLVD STREET ADDRESS CITY-ST-ZIP OVERLAND, KS 66211 CHY-SI-ZIP VPICFO TITLE X Delete TITLE Change ☐ Addition Steven J. Ketel GROSS, CAROLYN JEAN NAME NAME 7045 College Blud STREET ADDRESS 7045 COLLEGE BLVD. STREET ADDRESS OVERLAND PARK, KS CITY-ST-ZIP CITY-ST-ZIP Overland Park KS 66211 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KANE, DENNIS G NAME NAME 7045 COLLEGE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVERLAND PARK, K\$ 66211 CITY - ST - ZIP TITLE **AVP** ☐ Delete TITLE ☐ Change Addition WOHLETZ, JOHN P NAME NAME STREET ADDRESS 7045 COLLEGE BLVD. STREET ADDRESS CITY-ST-ZIP OVERLAND PARK, KS 66211 CITY-S1-ZIP TITLE VAS ☐ Delete TITLE ☐ Change ☐ Addition MCMILLAN, DAN SCOTT JR NAME

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 empowered.

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE:

7045 COLLEGE BLVD.

OVERLAND PARK, KS 66211

STREET ADDRESS

CITY-ST-ZIP

FILED