

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 824834

1. Entity Name

THE INTEGRAL INSURANCE COMPANY

Principal Place of Business

350 N. SUNNY SLOPE RD. #200
P.O. BOX 2051
MILWAUKEE WI 53201-9051

Mailing Address

1213 4TH STREET
PO BOX 25
PLATTE CITY MO 64079-0025
US

2. Principal Place of Business

20300 WATER TOWER BLVD
Suite, Apt. #, etc. Suite 100
City & State Brookfield, WI
Zip 53045 Country USA

3. Mailing Address

P.O. Box 25
Suite, Apt. #, etc. 351 MAIN ST.
City & State PLATTE CITY, MO.
Zip 64079 Country USA

4. FEI Number 43-0793666

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL FL

7. Name and Address of New Registered Agent

Name - No Change
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WENZEL, KEITH ESQ	
STREET ADDRESS	301 W. HIGH ST.	
CITY-ST-ZIP	JEFFERSON CITY MO 65102	
TITLE	SDR	<input type="checkbox"/> Delete
NAME	WHITTERS, PAUL R	
STREET ADDRESS	PO BOX 25, 351 MAIN ST	
CITY-ST-ZIP	PLATTE CITY MO 64079	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000

Date

816-858-2291

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90051 011 ***158.75

80007040



DO NOT WRITE IN THIS SPACE