

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **853786** (2)

1. Corporation Name:
UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Principal Place of Business: **6363 COLLEGE BLVD. OVERLAND PARK KS 66211**
Mailing Address: **6363 COLLEGE BLVD. OVERLAND PARK KS 66211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/17/1982**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **43-1249228**
Applied For: Not Applicable

22. State, Apt. #, etc.: **22**
27. State, Apt. #, etc.: **27**

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

23. City & State: **23**
28. City & State: **28**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24. Zip: **24** Country: **25**
29. Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent:
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3:
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.050(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	PD
11.2 NAME	GOLDSTEIN, KENNETH FRED
11.3 STREET ADDRESS	6363 COLLEGE BOULEVARD
11.4 CITY, ST, ZIP	OVERLAND PARK KS
11.5 TITLE	CD
11.6 NAME	BRESNAHAN, DAVID PARSONS
11.7 STREET ADDRESS	6363 COLLEGE BLVD.
11.8 CITY, ST, ZIP	OVERLAND PARK KS
11.9 TITLE	DSV
11.10 NAME	STARNES, CURTIS RAY
11.11 STREET ADDRESS	6363 COLLEGE BLVD.
11.12 CITY, ST, ZIP	OVERLAND PARK KS
11.13 TITLE	V
11.14 NAME	GROSS, CAROLYN
11.15 STREET ADDRESS	6363 COLLEGE BLVD.
11.16 CITY, ST, ZIP	OVERLAND PARK KS
11.17 TITLE	
11.18 NAME	
11.19 STREET ADDRESS	
11.20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	TVD
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.14 NAME	V Polson, Lyle
12.15 STREET ADDRESS	6363 college Blvd.
12.16 CITY, ST, ZIP	Overland Park, ks
12.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information will also be on the annual report or supplemental annual report as 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 12 or Block 13 of this attachment with an address.

SIGNATURE: *Lyle Polson* **Lyle Polson** 4/27/95 913-339-1000
SIGNATURE (DO NOT WRITE OR PRINTED NAME OF GOING OFFICER OR DIRECTOR)