

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 05 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified: **08/17/1982**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 43-1249228	Applied For <input type="checkbox"/> Not Applicable
22	State, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	29	Country			

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ DATE _____
(Sign with typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, KENNETH FRED	12 NAME	
STREET ADDRESS	6363 COLLEGE BOULEVARD	13 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	14 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESNAHAN, DAVID PARSONS	2. 2 NAME	
STREET ADDRESS	6363 COLLEGE BLVD.	2. 3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	2. 4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARNES, CURTIS RAY	3. 2 NAME	
STREET ADDRESS	6363 COLLEGE BLVD.	3. 3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	3. 4 CITY-ST-ZIP	
TITLE	TVD <input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, CAROLYN	4. 2 NAME	
STREET ADDRESS	6363 COLLEGE BLVD.	4. 3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	4. 4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLSON, LYLE	5. 2 NAME	
STREET ADDRESS	6363 COLLEGE BLVD	5. 3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	5. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		6. 4 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lyle Polson* **Lyle Polson** 2/26/96 913-339-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)