

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 06 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 08/17/1982	3a. Date of Last Report 03/05/1996
4. FEI Number 43-1249228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, KENNETH FRED	
STREET ADDRESS	6363 COLLEGE BOULEVARD	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BRESNAHAN, DAVID PARSONS	
STREET ADDRESS	6363 COLLEGE BLVD.	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	STARNES, CURTIS RAY	
STREET ADDRESS	6363 COLLEGE BLVD.	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	GROSS, CAROLYN	
STREET ADDRESS	6363 COLLEGE BLVD.	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POLSON, LYLE	
STREET ADDRESS	6363 COLLEGE BLVD	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

SEE ATTACHED

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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 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: *[Signature]* 7/20/97 9/15/97-1000

CR2E034 (4/97)

NAME	SUFFIX	SSN	DOB	POSITION	HELIP SINCE	LEADER EMPLOY.	POSITION	ADDRESS
Pauley, Betty Lou	Ms.	494-40-7941	04/26/38	Asst. Sec.	02/14/84	—	—	11629 Sycamore Dr., K.C., MO 64134
Plouff, John Fleming, Jr.	Mr.	307-52-9840	10/19/48	Asst. Sec.	12/20/96	—	—	9633 Belinder Road, Leawood, KS 66206
Stroud, William Matthew	Mr.	360-26-2061	03/12/35	Asst. Treas.	08/21/84	—	—	1434 W. Hood, Chicago, IL 60660
Sweeney, Thomas Byrne	Mr.	459-92-6367	06/10/51	Asst. Treas.	03/18/96	—	—	3900 W. 125th Terr., Leawood, KS 66209
*Olin, Stuart Lloyd	Mr.	358-26-8993	02/13/35	Director	02/17/82	N/A	06/20/97	2407 N. Brighton Plc., Arlington Hgts., IL 60004

*Indicates change from last published list