

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 853786 1. Entity Name UNIVERSAL UNDERWRITERS INSURANCE COMPANY	
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Principal Place of Business 7045 COLLEGE BLVD OVERLAND PARK, KS 66211 US	Mailing Address 7045 COLLEGE BLVD OVERLAND PARK, KS 66211 US
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1249228	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000195420
01/26/05-80026-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, S R 7045 COLLEGE BLVD OVERLAND PARK, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV STARNES, CURTIS RAY 7045 COLLEGE BLVD OVERLAND PARK, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD GROSS, CAROLYN 7045 COLLEGE BLVD OVERLAND PARK, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP WOHLETZ, JOHN P 7045 COLLEGE BLVD LEAWOOD, KS 66211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD MCHUGH, MICHAEL W 7045 COLLEGE BLVD OVERLAND PARK, KS 66211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD KANE, DENNIS G 7045 COLLEGE BLVD OVERLAND PARK, KS 66211

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John Wohletz** Date: **1/10/05** Daytime Phone #: **913-339-1000**