


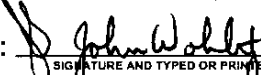
**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90305 045 \*\*\*150.00

**60024602**



<b>DOCUMENT # 853786</b>							
1. Entity Name <b>UNIVERSAL UNDERWRITERS INSURANCE COMPANY</b>							
Principal Place of Business <b>7045 COLLEGE BLVD OVERLAND PARK, KS 66211 US</b>			Mailing Address <b>7045 COLLEGE BLVD OVERLAND PARK, KS 66211 US</b>				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>43-1249228</b>			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>CHIEF FINANCIAL OFFICER                  P O BOX 6200 (32314-6200)                  200 E. GAINES ST                  TALLAHASSEE, FL 32399-0000</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	<del>PO</del>	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>SMITH, S R</del>		NAME	Thomas A. Bradley			
STREET ADDRESS	<del>7045 COLLEGE BLVD</del>		STREET ADDRESS	7045 College Blvd			
CITY-ST-ZIP	<del>OVERLAND PARK, KS</del>		CITY-ST-ZIP	Overland Park KS 66211			
TITLE	<del>DSV</del>	<input checked="" type="checkbox"/> Delete	TITLE	SVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>STARNES, CURTIS RAY</del>		NAME	Robert E. Tshippert			
STREET ADDRESS	<del>7045 COLLEGE BLVD</del>		STREET ADDRESS	7045 College Blvd			
CITY-ST-ZIP	<del>OVERLAND PARK, KS</del>		CITY-ST-ZIP	Overland Park, KS 66211			
TITLE	TVD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GROSS, CAROLYN		NAME				
STREET ADDRESS	7045 COLLEGE BLVD		STREET ADDRESS				
CITY-ST-ZIP	OVERLAND PARK, KS		CITY-ST-ZIP				
TITLE	AVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOHLETZ, JOHN P		NAME				
STREET ADDRESS	7045 COLLEGE BLVD		STREET ADDRESS				
CITY-ST-ZIP	LEAWOOD, KS 66211		CITY-ST-ZIP				
TITLE	<del>EVPD</del>	<input checked="" type="checkbox"/> Delete	TITLE	SVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>MCHUGH, MICHAEL W</del>		NAME	Paul M. Strohfus			
STREET ADDRESS	<del>7045 COLLEGE BLVD</del>		STREET ADDRESS	7045 College Blvd			
CITY-ST-ZIP	<del>OVERLAND PARK, KS 66211</del>		CITY-ST-ZIP	Overland Park KS 66211			
TITLE	SVPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANE, DENNIS G		NAME				
STREET ADDRESS	7045 COLLEGE BLVD		STREET ADDRESS				
CITY-ST-ZIP	OVERLAND PARK, KS 66211		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 P. Wohletz		4/5/06 913-339-1000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			