


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90068 045 \*\*\*150.00

DOCUMENT # 853786					
1. Entity Name UNIVERSAL UNDERWRITERS INSURANCE COMPANY					
Principal Place of Business 7045 COLLEGE BLVD OVERLAND PARK, KS 66211 US		Mailing Address 7045 COLLEGE BLVD OVERLAND PARK, KS 66211 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-1249228	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER Corporation Service Co P.O. BOX 6200 (32314-0200) 1201 Hayes Street 280 E. GAINES ST TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32399-0000			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	BRADLWY, THOMAS A		NAME	Thomas A. Bradley	
STREET ADDRESS	7045 COLLEGE BLVD		STREET ADDRESS	Overland Park, KS 66211	
CITY-ST-ZIP	LEAWOOD, KS 66211		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	TSHIPPETT, ROBERT E		NAME	Tschippatt, Robert E.	
STREET ADDRESS	7045 COLLEGE BLVD		STREET ADDRESS	Overland Park, KS 66211	
CITY-ST-ZIP	LEAWOOD, KS 66211		CITY-ST-ZIP		
TITLE	FVD	<input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME	GROSS, CAROLYN		NAME	VPI CFO Steven J. Ketal	
STREET ADDRESS	7045 COLLEGE BLVD		STREET ADDRESS	7045 College Blvd	
CITY-ST-ZIP	OVERLAND PARK, KS		CITY-ST-ZIP	Overland Park, KS 66211	
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	STRONFUL, PAUL M		NAME	STRONFUS, PAUL M.	
STREET ADDRESS	7045 COLLEGE BLVD		STREET ADDRESS	Overland Park, KS 66211	
CITY-ST-ZIP	LEAWOOD, KS 66211		CITY-ST-ZIP		
TITLE	EVPD	<input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME	MCHUGH, MICHAEL W		NAME	COO/D Terrence M. McCafferty	
STREET ADDRESS	7045 COLLEGE BLVD		STREET ADDRESS	7045 College Blvd	
CITY-ST-ZIP	OVERLAND PARK, KS 66211		CITY-ST-ZIP	Overland Park, KS 66211	
TITLE	SVPD	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>Steven Ketal</i>			Date: 4/18/07 913-339-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		