



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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 43-1249228	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER Corporation Service Co P.O. BOX 6200 (32314-0200) 1201 Hayes Street 200 E. GAINES ST TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY, THOMAS A 7045 COLLEGE BLVD LEAWOOD, KS 66211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas A. Bradley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Overland Park, KS 66211		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD TSCHIPPART, ROBERT E 7045 COLLEGE BLVD LEAWOOD, KS 66211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tschippart, Robert E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Overland Park, KS 66211		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVD GROSS, CAROLYN 7045 COLLEGE BLVD OVERLAND PARK, KS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven J. Kotel 7045 College Blvd Overland Park, KS 66211		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD STRONFUS, PAUL M 7045 COLLEGE BLVD LEAWOOD, KS 66211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRONFUS, PAUL M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Overland Park, KS 66211		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD MCHUGH, MICHAEL W 7045 COLLEGE BLVD OVERLAND PARK, KS 66211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Terrence M. McCafferty 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		4/18/07 913-339-1000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			