

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853786

FILED
Mar 29, 2010
Secretary of State

Entity Name: UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Current Principal Place of Business:

7045 COLLEGE BLVD
OVERLAND PARK, KS 66211 US

New Principal Place of Business:

Current Mailing Address:

1400 AMERICAN LANE
SCHAUMBURG, IL 60196 US

New Mailing Address:

FEI Number: 43-1249228 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPY.
1201 HAYES ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: FOLEY, MICHAEL T
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: EVPD
Name: FUNDUM, CRAIG J
Address: 13810 FNB PARKWAY
City-St-Zip: OMAHA, NE 68154

Title: VPCF
Name: SHARMA, VIBHU
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: EVPD
Name: RAND, STEVEN P
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: PRES
Name: MUELLER, NANCY
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: CSEC
Name: KERRIGAN, DENNIS
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS F. KERRIGAN

CSEC

03/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date