

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 855601 (1)**  
 1. Corporation Name  
**UNDERWRITERS INSURANCE COMPANY**



Principal Place of Business 22801 VENTURA BLVD. 300 WOODLAND HILLS CA 91364	Mailing Address P.O. BOX 4030 WOODLAND HILLS CA 91365-4030
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/21/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
21	26	4. FEI Number <b>56-0997453</b>	Applied For Not Applicable
22 Suite Apt. #, etc	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

THE INSURANCE COMMISSIONER THE CAPITOL BLDG TALLAHASSEE FL 32301	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSMAN, KATHRYN M	1.2 NAME	
STREET ADDRESS	22801 VENTURA BLVD., #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91364	1.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLAKOWSKI, STEPHEN C	2.2 NAME	Director
STREET ADDRESS	22801 VENTURA BLVD., #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91364	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Asst. Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTMAN, MICHAEL P	3.2 NAME	Thomas Moran
STREET ADDRESS	22801 VENTURA BLVD., #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91364	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, FRANK J	4.2 NAME	
STREET ADDRESS	22801 VENTURA BLVD., #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91364	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, STEVEN H	5.2 NAME	
STREET ADDRESS	22801 VENTURA BLVD., #300	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91364	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	See attached for complete <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, CHARLES A	6.2 NAME	list of officers & Directors.
STREET ADDRESS	22801 VENTURA BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91364	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: April 8, 1997 (818) 224-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

## **UNDERWRITERS INSURANCE COMPANY**

### **Officers**

Harry Petru, Jr.  
Dirk D. Heim

Howard E. Mitchell  
Thomas A. Dean  
Ann M. Boman  
Stuart M. de Haaff  
Tom Isensee  
Thomas Moran  
Felix Tabares  
Gary R. Watkins  
Laura B. Jones

President  
Vice President, Chief Financial Officer and  
Treasurer  
Vice President, Claims  
Vice President  
Vice President  
Vice President, General Counsel and Secretary  
Assistant Vice President and Associate Actuary  
Assistant Treasurer  
Controller  
Assistant Secretary  
Assistant Secretary

The business address of all officers and directors is: 22801 Ventura Boulevard, Woodland Hills, CA 91364

### **Board of Directors**

Steven H. Newman, Chairman  
Jonathan F. Bank  
Frank J. Barrett  
Stuart M. de Haaff  
Stephen C. Kolakowski  
Harry Petru, Jr.  
Edwin Seaman