


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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 91364
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	200 Corporate pointe	26	P.O. Box 3649	02/21/1983	
Suite, Apt. #, etc. #300		Suite, Apt. #, etc. #300		4. FEI Number	
City & State		City & State		56-0997453	
23	Culver City, CA	28	Culver City, CA	Applied For	
24	90230	29	90231-36490	Not Applicable	
Country		Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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	FL	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	D	<input type="checkbox"/> DELETE		1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOLAKOWSKI, STEPHEN C			1.2 NAME	DIRK HEIM		
STREET ADDRESS	22801 VENTURA BLVD., #300			1.3 STREET ADDRESS	200 Corporate Pointe #300		
CITY-ST-ZIP	WOODLAND HILLS CA			1.4 CITY-ST-ZIP	Culver City, CA 90230		
TITLE	AT	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAN, THOMAS			2.2 NAME			
STREET ADDRESS	22801 VENTURA BLVD., #300			2.3 STREET ADDRESS			
CITY-ST-ZIP	WOODLAND HILLS CA			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, FRANK J			3.2 NAME			
STREET ADDRESS	22801 VENTURA BLVD., #300			3.3 STREET ADDRESS			
CITY-ST-ZIP	WOODLAND HILLS CA 91364			3.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, STEVEN H			4.2 NAME			
STREET ADDRESS	22801 VENTURA BLVD., #300			4.3 STREET ADDRESS			
CITY-ST-ZIP	WOODLAND HILLS CA			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: Dirk Heim VP Treasurer
DIRK HEIM

CR2E034 (10/97)