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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 855601

UNDERWRITERS INSURANCE COMPANY

904 200-10 10199

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90071 018 ***150.00



Principal Place of Business Mailing Address					T (BOUGH SPEED BEING GLISD BEING BY		MIS MINI DIVI	Miller andit 1861
		P O BOX 3649			}			
CULVER CITY ('E POINTE #300 CA 90230	CULVER CITY CA 90231-3649			_			
US	-	US			DO NOT WR		SPACE	
					3. Date Incorporated or Qualifed			
					02/21/1983		- 	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		├	pplied For
21		26			56-0997453			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired
22		27 Situ & Conta						
City & Stat	e	City & State		6. Election Campaign Financing			May Be to Fees	
23 Zin	Country	28 Zip	Countr		Trust Fund Contribution			10 -662
Zip	Country		Country	у	This corporation owes the cur Personal Property Tax.	rent year inti	angibie ∐Yes	□No
24	25 S N - 2 2 2 4 Address of Current	29 30		_	10. Name and Address of New	Registered .		
	9. Name and Address of Current	Vallistaton Wilattr	81	Name	122 Haille Blie Coolege Of Hear		-34	
THE INSURANCE COMMISSIONER								
	CAPITOL BLDG			Street	Street Address (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32301		83	+				
,, w.L.			"					·——
			84	City		FL	85 Zip	Code
	007.0700	1007 (500 5)			corporation submits this statement for the		changing its	r registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was autho	rized by	the corpo	oration's board of directors. I hereby acce	pt the appoir	ntment as re	egistered
SIGNATURE						DATE		
	Signature, typed or printed name of registered agent		stered Age	mt signature f	equired when reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	ORS IN 12
12.	OFFICERS AND		1.1 TITLE		ADDITIONATION TO OF	. ,02.10 /11	Change	Addition
TIFLE	D COLANOMICKI CTEDUEN C	O precit	1.2 NAME					
NAME	KOLAKOWSKI, STEPHEN C			T #DDDCCC				
STREET ADDRESS	22801 VENTURA BLVD., #300			T ADDRESS				
CITY-ST-ZIP	WOODLAND HILLS CA		1.4 CITY-5 2.1 TITLE	11-ZIP	р		x x Change	Addition
TITLE	AT MODAN THOMAS	====			-		A small - manife	
NAME	MORAN, THOMAS		2.2 NAME		Harry Petru Jr.		200	
STREET ADDRESS	22801 VENTURA BLVD., #300			TADDRESS		00 Corporate Pointe #300		
CITY-ST-ZIP	WOODLAND HILLS CA		2.4 CITY-	SI-ZIP	Culver City, CA 9	<u>U 4 3 U _</u>	Change	Addition
TITLE	D SARDETT FRANK I	☐ NETE IS	3.1 TITLE				الماسين الماسين	
NAME	BARRETT, FRANK J		3.2 NAME					
STREET ADDRESS	22801 VENTURA BLVD., #300			T ADDRESS				
CITY-ST-ZIP	WOODLAND HILLS CA 91364		3.4. CITY-	ST-ZIP			Change	[] Addition
TITLE	C	☐ DELETE	4.1 TITLE				t ⊃ ∨nange	
NAME	NEWMAN, STEVEN H	į.	4. 2 NAME		·			
STREET ADDRESS	22801 VENTURA BLVD., #300			TADDRESS				
CITY-ST-ZIP	WOODLAND HILLS CA		4.4 CMY-5	ST-ZIP			_C3_C	[] Addition
TITLE	T		5.1 TITLE		T	:	X 🔯 Change	☐ Addition
NAME	DIRK HEIM	i i	5.2 NAME		Susan Tung			
STREET ADDRESS	200 CORPORATE POINTE #300			TADDRESS	200 Corporate Poi		300	
CITY-ST-ZIP	CULVER CITY CA 90230		5.4 CITY-5	ST-ZIP	Culver City, CA 9	0230		F=1 - 1 PP
TITLE			6.1 TITLE				Change	Addition
NAME		ł	6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS			•	
CITY-ST-ZIP			6.4 CITY-5	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, with all other like empowered.

SIGNATURE:

RE REQUARROPETTU Jr.

1/6/99

(310)670 - 0254