

2001 UNIFORM-BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-29-2001 90121 034 ****20.00
 03-01-2001 91340 028 ***130.00

DOCUMENT # 855601

1. Entity Name

UNDERWRITERS INSURANCE COMPANY



Principal Place of Business

200 CORPORATE POINTE #300
 CULVER CITY CA 90230
 US

Mailing Address

P O BOX 3649
 CULVER CITY CA 90231-3649
 US

00021223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 56-0997453	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$9.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE INSURANCE COMMISSIONER THE CAPITOL BLDG TALLAHASSEE FL 32301		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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE	D	☐ Change ☐ Addition
NAME	KOLAKOWSKI, STEPHEN C		NAME	Kolakowski, Stephen C.	
STREET ADDRESS	22801 VENTURA BLVD., #300		STREET ADDRESS	26050 Mureau Road	
CITY-ST-ZIP	WOODLAND HILLS CA		CITY-ST-ZIP	Calabasas, CA 91302	
TITLE	P	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	PETRU, HARRY JR		NAME	Solitto, Robert M.	
STREET ADDRESS	100 CORPORATE POINTE #300		STREET ADDRESS	650 Elm Street, 6th Floor	
CITY-ST-ZIP	CULVER CITY CA 90230		CITY-ST-ZIP	Manchester, NH 03101	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☒ Addition
NAME	BARRETT, FRANK J		NAME	de Haaff, Stuart M.	
STREET ADDRESS	22801 VENTURA BLVD., #300		STREET ADDRESS	26050 Mureau Road	
CITY-ST-ZIP	WOODLAND HILLS CA 91364		CITY-ST-ZIP	Calabasas, CA 91302	
TITLE	C	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	NEWMAN, STEVEN H		NAME	John, Russell T.	
STREET ADDRESS	22801 VENTURA BLVD., #300		STREET ADDRESS	26050 Mureau Road	
CITY-ST-ZIP	WOODLAND HILLS CA		CITY-ST-ZIP	Calabasas, CA 91302	
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KRANTZ, JAMES A		NAME		
STREET ADDRESS	26050 MUREAU RD		STREET ADDRESS		
CITY-ST-ZIP	CALABASAS CA 91302		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Samuel J. Calhoun
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
 Date

Home Phone #

CR2E034 (10/00)