

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90339 035 \*\*\*550.00

**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**

00101007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4610 University Ave.**

3. Mailing Address  
**P.O. Box 5900**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Madison, WI**

City & State  
**Madison, WI**

4. FEI Number **56-0997453**

Applied For  
 Not Applicable

Zip  
**53705**

Country  
**US**

Zip  
**53705-0900**

Country  
**US**

5. Certificate of Status Desired  **\$8.75** 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. I am familiar with, and accept the obligations of registered agent.

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

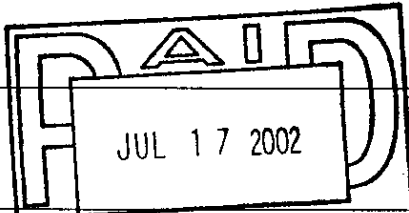
10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOLAKOWSKI, STEPHEN C</b> <b>26050 MUREAU ROAD</b> <b>CALABASAS CA 91302</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SOLITRO, ROBERT M</b> <b>650 ELM STREET, 6TH FLOOR</b> <b>MANCHESTER NH 03101</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE HAAFF, STUART M</b> <b>26050 MUREAU ROAD</b> <b>CALABASAS CA 91302</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHN, RUSSELL T</b> <b>26050 MUREAU ROAD</b> <b>CALABASAS CA 91302</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KRANTZ, JAMES A</b> <b>26050 MUREAU RD</b> <b>CALABASAS CA 91302</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>David F. Pauly</b> <b>4610 University Avenue</b> <b>Madison, WI 53705</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>David A. Beckman</b> <b>4610 University Avenue</b> <b>Madison, WI 53705</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Jefferson W. Kirby</b> <b>375 Park Avenue</b> <b>New York, NY 10152</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Thomas K. Manion</b> <b>4610 University Avenue</b> <b>Madison, WI 53705</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition



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: Thomas K. Manion  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-02 Date  
 608-231-4450 Daytime Phone #

CR2E034 (4/02)

Attachment  
Document #

UNDERWRITERS INSURANCE COMPANY  
BOX 12 - Additions

855601

V

Richard W. Allen III  
100 Pearl Street, 16<sup>th</sup> Floor  
Hartford, CT 06103-4506

V

Edward H. Halloran  
4610 University Avenue  
Madison, WI 53705

V

James W. Smirz  
4610 University Avenue  
Madison, WI 53705

D

Dorthea C. Gilliam  
40 East Hinsdale Avenue, Suite 201  
Hinsdale, IL 60521

D

Lawrence F. Harr  
10306 Regency Parkway drive  
Omaha, NE 68114

D

Richard N. Latzer  
The Transamerica Pyramid  
600 Montgomery Street, 16<sup>th</sup> Floor  
San Francisco, CA 94111

D

James P. Slattery  
JP&S Co., LLC  
67 Fable Farm Road  
New Canaan, CT 06840