


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000001894 1. Entity Name UNDERWRITERS SAFETY AND CLAIMS, INC.	
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Principal Place of Business 1700 EASTPOINT PKWY LOUISVILLE, KY 40223	Mailing Address PO BOX 23790 LOUISVILLE, KY 40223
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-0499177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERGUSON, BRUCE W 1700 EASTPOINT PKWY LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERGUSON, SCOTT C 1700 EASTPOINT PKWY LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, JAMES K 1700 EASTPOINT PKWY LOUISVILLE, KY 40223
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01/26/04-80058-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: **James K. Johnson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04
Date

502-244-1343
Daytime Phone #