
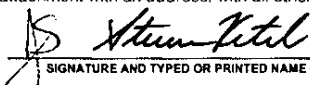


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90068 046 ***150.00

DOCUMENT # F93000001065					
1. Entity Name UNIVERSAL UNDERWRITERS INSURANCE SERVICES, INC.					
Principal Place of Business 7045 COLLEGE BLVD OVERLAND PARK, KS 66211			Mailing Address 7045 COLLEGE BLVD OVERLAND PARK, KS 66211 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3126497	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME BRADLEY, THOMAS A		TITLE	NAME	
STREET ADDRESS 7045 COLLEGE BLVD	CITY-ST-ZIP OVERLAND PK, KS 66211		STREET ADDRESS	CITY-ST-ZIP	
TITLE SRV	NAME TSCHIPPERT, ROBERT E		TITLE	NAME	
STREET ADDRESS 7045 COLLEGE BLVD	CITY-ST-ZIP OVERLAND PARK, KS 662117		STREET ADDRESS	CITY-ST-ZIP	
TITLE VTD	NAME GROSS, C J		TITLE VP/CFO	NAME Steven J. Kotel	
STREET ADDRESS 7045 COLLEGE BLVD	CITY-ST-ZIP OVERLAND PARK, KS 66211		STREET ADDRESS 7045 College Blvd	CITY-ST-ZIP Overland Park, KS 66211	
TITLE AVAS	NAME WOHLLETZ, JOHN P		TITLE	NAME	
STREET ADDRESS 7045 COLLEGE BLVD	CITY-ST-ZIP OVERLAND PARK, KS 66211		STREET ADDRESS	CITY-ST-ZIP	
TITLE AT	NAME SWEANIE, THOMAS B - SP		TITLE	NAME Thomas B. Sweeney	
STREET ADDRESS 7045 COLLEGE BLVD	CITY-ST-ZIP OVERLAND PK, KS 66211		STREET ADDRESS	CITY-ST-ZIP	
TITLE SRVD	NAME KANE, DENNIS G		TITLE	NAME	
STREET ADDRESS 7045 COLLEGE BLVD	CITY-ST-ZIP OVERLAND PARK, KS 66211		STREET ADDRESS	CITY-ST-ZIP OVERLAND PARK, KS 66211	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 4/19/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 913-339-1000		

40104255



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ok to pay per color