2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001065

Entity Name: UNIVERSAL UNDERWRITERS INSURANCE SERVICES, INC.

FILED Apr 03, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
7045 COLLEGE BLVD OVERLAND PARK, KS 66211						
Current Mailing Address:			New Mailing Address:			
7045 COLLEGE BLVD OVERLAND PARK, KS 66211 US			1400 AMERICAN LANE SCHAUMBURG, IL 60196 US			
FEI Number: 04-3126497 FEI Number Applied For () FEI Number				nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US						
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:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ()E BRADLEY, THOM 7045 COLLEGE OVERLAND PK,	BLVD	Title: Name: Address: City-St-Zip:	CEOD (X) Cha BRADLEY, THOMAS 7045 COLLEGE BLY OVERLAND PK, KS	√D	
Title: Name: Address: City-St-Zip:	SRV () D TSCHIPPERT, RO 7045 COLLEGE OVERLAND PAR	BLVD	Title: Name: Address: City-St-Zip:	()Cha	nge () Addition	
Title: Name: Address: City-St-Zip:	VCFO () E KETEL, STEVEN 7045 COLLEGE OVERLAND PAR	BLVD	Title: Name: Address: City-St-Zip:	SECD (X) Cha BOWERS, DAVID A 1400 AMERICAN LA SCHAUMBURG, IL		
Title: Name: Address: City-St-Zip:	AVAS () E WOHLETZ, JOHN 7045 COLLEGE OVERLAND PAR	BLVD	Title: Name: Address: City-St-Zip:	COOD (X) Cha MCCAFFERTY, TER 7045 COLLEGE BLV OVERLAND PARK, I	V D	
Title: Name: Address: City-St-Zip:	AT () E SWEENIE, THOM 7045 COLLEGE OVERLAND PK,	BLVD	Title: Name: Address: City-St-Zip:	CUOD (X) Cha APPELBAUM, JOEL 7045 COLLEGE BLY OVERLAND PK, KS	V D	
Title: Name: Address: City-St-Zip:	SRVD () E KANE, DENNIS G 7045 COLLEGE OVERLAND PAR	BLVD	Title: Name: Address: City-St-Zip:	()Cha	inge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A BOWERS SECD 04/03/2008