SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

07-20-1999 90016 027 **550.00
F95000006088

FILED
99 OCT 13 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000006088**

1. Corporation Name
UNDERWRITERS INDEMNITY COMPANY

Principal Place of Business	Mailing Address
8 GREENWAY PLAZA STE 400 HOUSTON TX 77046 US	8 GREENWAY PLAZA STE 400 HOUSTON TX 77046 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 12/13/1995	
21	26 9025 N. LINDBERGH DR.	4. FEI Number: 76-0126873	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 PEORIA, IL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 61615 / Country 30 USA	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP FRANK, EDWIN H III 8 GREENWAY PLAZA, SUITE 400 HOUSTON TX 77046	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS DIE, ROY C 8 GREENWAY PLAZA, SUITE 400 HOUSTON TX 77046	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV REAGAN, MARY ALICE 8 GREENWAY PLAZA, SUITE 400 HOUSTON TX 77046	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GARNER, JOHN L 8 GREENWAY PLAZA, SUITE 400 HOUSTON TX 77046	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MARKS, LEONARD D 8 GREENWAY PLAZA, SUITE 400 HOUSTON TX 77047	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SP	☐ Change ☐ Addition

CR2E034 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Kim S. HENSEY

SIGNATURE: [signature] V.P./CORP. SECRETARY 7/12/99 (309)692-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Underwriters Indemnity Company
1999 Annual Report

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Continuation of Question 13:

Title	Name	Street Address	City/State
Director	Jonathan E. Michael	9025 N. Lindbergh Dr.	Peoria, IL 61615
Director/ Treasurer	Michael A. Price	9025 N. Lindbergh Dr.	Peoria, IL 61615
Director	Gerald D. Stephens	9025 N. Lindbergh Dr.	Peoria, IL 61615
Director	Michael J. Stone	9025 N. Lindbergh Dr.	Peoria, IL 61615
Director/ Director/ V.P./Corp. Secretary	Kim J. Hensey	9025 N. Lindbergh Dr.	Peoria, IL 61615
Director/ V.P./CFO	Joseph E. Dondanville	9025 N. Lindbergh Dr.	Peoria, IL 61615
VP Actuarial	Thomas V. Warthen	9025 N. Lindbergh Dr.	Peoria, IL 61615
VP/General Counsel	Mary Beth Nebel	9025 N. Lindbergh Dr.	Peoria, IL 61615
Asst Sec.	Jean M. Stephenson	9025 N. Lindbergh Dr.	Peoria, IL 61615
Asst. Sec.	Greg E. Chilson	8 Greenway Plaza, Ste 400	Houston, TX 77046