2000 UNIFORM BUSINESS REPORT (UBR)

ment with an

TURE AND TO

SIGNATURE:

with all other like empowered

FILED DOCUMENT # FQ~/0000 6088 Apr 04, 2000 8:00 am 1. Entity Name Secretary of State Underwriters Indemnity Company 04-04-2000 90085 018 ***150.00 Principal Place of Business 9025 NeelindberghaDrive Reoria 2011 61615 800 Greenway Plaza Suite 400 Houston, TX 77046 Houston, IX 77045 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable 76-0128873 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name Insurance Commissioner Street Address (P.O. Box Number is Not Acceptable) Plaza Level 11, The Capitol Tallahassee, FB2399 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME see attached List STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Kim J. Hensey
V.P./Corp. Sec.

Daytime Phone * 5201



Underwriters Indemnity Company 2000 Annual Report

Continuation of Questions 12/13:

Title	Name	Street Address	City/State
President	Roy C. Die	800 Greenway Plaza	
		Suite 400	Houston, TX 77046
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/		•	
V.P./Corp.	•		<u>.</u>
Secretary	Kim J. Hensey	9025 N. Lindbergh Dr.	Peoria, IL 61615
Director/			
V.P./CFO	Joseph E. Dondanvill	e 9025 N. Lindbergh Dr.	Peoria, IL 61615
Director/			
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
AVP/			
Asst. Sec.	Greg E. Chilson	8 Greenway Plaza, Ste 400	Houston, TX 77046
AVP	Carol J. Denzer	9025 N. Lindbergh Dr.	Peoria, IL 61615