

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000006088

FILED
Jan 11, 2003
Secretary of State

Entity Name: UNDERWRITERS INDEMNITY COMPANY

Current Principal Place of Business:

8 GREENWAY PLAZA
STE 400
HOUSTON, TX 77046 US

New Principal Place of Business:

Current Mailing Address:

9025 N. LINDBERGH DR
PEORIA, IL 61615

New Mailing Address:

FEI Number: 76-0128873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
THE CAPITOL
PLAZA LEVEL II
TALLAHASSEE, FL 323990300 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: DIE, ROY C
Address: 8 GREENWAY PLAZA STE 400
City-St-Zip: HOUSTON, TX 77046

Title: D () Delete
Name: MICHAEL, JONATHAN E
Address: 9025 N. LINDBERGH DR
City-St-Zip: PEORIA, IL 61615

Title: TD () Delete
Name: PRICE, MICHAEL A
Address: 9025 N. LINDBERGH DR
City-St-Zip: PEORIA, IL 61615

Title: D () Delete
Name: STONE, MICHAEL J
Address: 9025 N. LINDBERGH DR
City-St-Zip: PEORIA, IL 61615

Title: VSD () Delete
Name: HENSEY, KIM J
Address: 9025 N. LINDBERGH DR
City-St-Zip: PEORIA, IL 61615

Title: AV () Delete
Name: DENZER, CAROL J
Address: 9025 N. LINDBERGH DR
City-St-Zip: PEORIA, IL 61615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: DONDANVILLE, JOSEPH E
Address: 9025 N. LINDBERGH DR
City-St-Zip: PEORIA, IL 61615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: NEBEL, MARY BETH
Address: 9025 N. LINDBERGH DR
City-St-Zip: PEORIA, IL 61615

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIM J. HENSEY

VSD

01/11/2003

Electronic Signature of Signing Officer or Director

Date

MICHAEL E. QUINE, D
9025 N. LINDBERGH DR.
PEORIA, IL 61615

THOMAS V. WARTHEN, DV
9025 N. LINDBERGH DR.
PEORIA, IL 61615