

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004455

Entity Name: H&W INSURANCE SERVICES, INC.**Current Principal Place of Business:**4210 SHAWNEE MISSION PKWY #203A
FAIRWAY, KS 66205**Current Mailing Address:**P.O. BOX 1085
SHAWNEE MISSION, KS 66222-1085**FEI Number:** 48-1238205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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**Officer/Director Detail :**

Title	CEOC
Name	WORRALL, JOHN L
Address	4210 SHAWNEE MISSION PKWY #203A
City-State-Zip:	FAIRWAY KS 66205

Title	PCOO
Name	GEIS, BERNARD R
Address	4210 SHAWNEE MISSION PKWY #203A
City-State-Zip:	FAIRWAY KS 66205

Title	EVST
Name	BURROWS, RONALD G
Address	4210 SHAWNEE MISSION PKWY #203A
City-State-Zip:	FAIRWAY KS 66205

Title	BM
Name	TILTON, MICHELLE W
Address	4210 SHAWNEE MISSION PKWY #203A
City-State-Zip:	FAIRWAY KS 66205

Title	V
Name	DARR, GLORIA J
Address	4210 SHAWNEE MISSION PKWY #203A
City-State-Zip:	FAIRWAY KS 66205

I hereby 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 all other like empowered.

SIGNATURE: BERNARD R. GEIS**PRESIDENT****02/07/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date