2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005
Secretary of State

DOCUMENT# F02000004455

Entity Name: H&W INSURANCE SERVICES, INC.

Current Principal Place of Business:

4300 SHAWNEE MISSION PKWY, SUITE 101
SHAWNEE MISSION, KS 66205

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1085
SHAWNEE MISSION, KS 662221085

New Mailing Address:

FEI Number: 48-1238205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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:	CEOC	( ) Delete
Name:	WORRALL, JOHN L	
Address:	4350 SHAWNEE MISSION PKWY, #350	
City-St-Zip:	SHAWNEE MISSION, KS 66205	
Title:	PCOO	( ) Delete
Name:	GEIS, BERNARD R	
Address:	4300 SHAWNEE MISSION PKWY, SUITE 101	
City-St-Zip:	SHAWNEE MISSION, KS 66205	
Title:	EVST	( ) Delete
Name:	BURROWS, RONALD G	
Address:	4300 SHAWNEE MISSION PKWY, SUITE 101	
City-St-Zip:	SHAWNEE MISSION, KS 66205	
Title:	VBM	( ) Delete
Name:	LOVE, MARTA D	
Address:	4300 SHAWNEE MISSION PKWY, SUITE 101	
City-St-Zip:	SHAWNEE MISSION, KS 66205	
Title:	BM	( ) Delete
Name:	TILTON, MICHELLE W	
Address:	4350 SHAWNEE MISSION PKWY #350	
City-St-Zip:	SHAWNEE MISSION, KS 66205	
Title:	V	( ) Delete
Name:	DARR, GLORIA J	
Address:	4300 SHAWNEE MISSION PKWY, SUITE 101	
City-St-Zip:	SHAWNEE MISSION, KS 66205	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RONALD BURROWS EVP 01/28/2005

Electronic Signature of Signing Officer or Director Date