

1.) CORPORATION NAME:

W & R INSURANCE AGENCY, INC.

DUE DATE: **3/31/2012**

SCC ID NO: **F0477093**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 LAMAR AVE

CITY/ST/ZIP: OVERLAND PARK, KS 66202-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: STEVEN E ANDERSON
TITLE: P/D
ADDRESS: 6300 LAMAR AVENUE
CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202-

OFFICER

DIRECTOR

NAME: MARK P BUYLE
TITLE: VICE PRESIDENT
ADDRESS: 6300 LAMAR AVENUE
CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202-

OFFICER

DIRECTOR

NAME: BRADLEY D HOFMEISTER
TITLE: VICE PRESIDENT
ADDRESS: 6300 LAMAR AVENUE
CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202-

OFFICER

DIRECTOR

NAME: JAMES D HUGHES
TITLE: ASST SECRETARY
ADDRESS: 6300 LAMAR AVENUE
CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202-

OFFICER

DIRECTOR

NAME: WILLIAM J MILLER
TITLE: ASST SECRETARY
ADDRESS: 6300 LAMAR AVENUE
CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202-

OFFICER

DIRECTOR

NAME: BRENT K BLOSS TITLE: TREASURER ADDRESS: 6300 LAMAR AVENUE CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: WENDY J HILLS TITLE: SECRETARY ADDRESS: 6300 LAMAR AVENUE CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: THOMAS W BUTCH TITLE: DIRECTOR ADDRESS: 6300 LAMAR AVENUE CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MICHAEL D STROHM TITLE: DIRECTOR ADDRESS: 6300 LAMAR AVENUE CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JAMES D HUGHES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES D HUGHES, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/13/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.