

1.) CORPORATION NAME:

W & R INSURANCE AGENCY, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0477093**

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.

<p>NAME: STEVEN E ANDERSON TITLE: P/D ADDRESS: 6300 LAMAR AVENUE CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK P BUYLE TITLE: VICE PRESIDENT ADDRESS: 6300 LAMAR AVENUE CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BRADLEY D HOFMEISTER TITLE: VICE PRESIDENT ADDRESS: 6300 LAMAR AVENUE CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BRENT K BLOSS TITLE: TREASURER ADDRESS: 6300 LAMAR AVENUE CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WENDY J HILLS TITLE: SECRETARY ADDRESS: 6300 LAMAR AVENUE CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES D HUGHES TITLE: ASST SECRETARY ADDRESS: 6300 LAMAR AVENUE CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J MILLER ASST SECRETARY 6300 LAMAR AVENUE OVERLAND PARK, KS 66202	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS W BUTCH DIRECTOR 6300 LAMAR AVENUE OVERLAND PARK, KS 66202	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL D STROHM DIRECTOR 6300 LAMAR AVENUE OVERLAND PARK, KS 66202	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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	3/18/2014 DATE			
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.					