

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 854548 (5)**  
 1. Corporation Name  
**DESIGN PROFESSIONALS INSURANCE COMPANY**



Principal Place of Business <b>9 FARM SPRINGS DRIVE FARMINGTON CT 06032</b>	Mailing Address <b>9 FARM SPRINGS DRIVE FARMINGTON CT 06032-2569</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>10/29/1982</b>	3a. Date of Last Report <b>02/12/1996</b>
4. FEI Number <b>94-2319176</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER - STATE OF FLORIDA  
 THE CAPITOL  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GRUBER, ALAN R	
STREET ADDRESS	660 FIFTH AVENUE	
CITY - ST - ZIP	NEW YORK NY 10020	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOLLEN, LARRY D	
STREET ADDRESS	9 FARM SPRINGS DRIVE	
CITY - ST - ZIP	FARMINGTON CT 06032	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BECKER, W. MARSTON	
STREET ADDRESS	2959 MONTEREY/SALINAS HIGHWAY	
CITY - ST - ZIP	MONTEREY CA 93940	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ADDINGTON, GRAHAM A	
STREET ADDRESS	155 UNIVERSITY AVENUE #702	
CITY - ST - ZIP	TORONTO, ONTARIO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARRY, DANIEL L	
STREET ADDRESS	9 FARM SPRINGS DRIVE	
CITY - ST - ZIP	FARMINGTON CT 06032	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHANEY, A. RUSSELL	
STREET ADDRESS	2959 MONTEREY/SALINAS HIGHWAY	
CITY - ST - ZIP	MONTEREY CA 93940	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James W. Webb	
2.3 STREET ADDRESS	9 Farm Springs Drive	
2.4 CITY - ST - ZIP	Farmington, CT 06032	
3.1 TITLE	D,C,CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	W. Marston Becker	
3.3 STREET ADDRESS	9 Farm Springs Drive	
3.4 CITY - ST - ZIP	Farmington, CT 06032	
4.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D, SVO, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James W. Webb James W. Webb 4/21/97 (860) 674-2512  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)