

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854548 (5)
 1. Corporation Name
DESIGN PROFESSIONALS INSURANCE COMPANY

Principal Place of Business 9 FARM SPRINGS DRIVE FARMINGTON CT 06032	Mailing Address 9 FARM SPRINGS DRIVE FARMINGTON CT 06032
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/29/1982	
4. FEI Number 94-2319176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input 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	D	<input type="checkbox"/> DELETE
NAME	GRUBER, ALAN R	
STREET ADDRESS	860 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEBB, JAMES W.	
STREET ADDRESS	9 FARM SPRINGS DR	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BECKER, MARSTON W.	
STREET ADDRESS	9 FARM SPRINGS DR	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ADDINGTON, GRAHAM A	
STREET ADDRESS	155 UNIVERSITY AVENUE #702	
CITY-ST-ZIP	TORONTO, ONTARIO	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BARRY, DANIEL L	
STREET ADDRESS	9 FARM SPRINGS DRIVE	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CHANEY, A. RUSSELL	
STREET ADDRESS	2959 MONTEREY/SALINAS HIGHWAY	
CITY-ST-ZIP	MONTEREY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Craig A. Nyman	
1.3 STREET ADDRESS	9 Farm Springs Road	
1.4 CITY-ST-ZIP	Farmington, CT 06032	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2959 Monterey/Salinas Highway	
4.4 CITY-ST-ZIP	Monterey, CA 93940	
5.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Thomas M. Okarma	
5.3 STREET ADDRESS	2959 Monterey/Salinas Highway	
5.4 CITY-ST-ZIP	Monterey, CA 93940	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, Vice President *14 April 1998* (860) 674-6600

CR2E034 (10/97)