

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

0001251

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90072 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 854548
 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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9 Farm Springs Road Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 9 Farm Springs Road Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
--	---

3. Date Incorporated or Qualified 10/29/1982	4. FEI Number 94-2319176 Applied For 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 the current year Intangible Personal Property Tax. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	VPT <input type="checkbox"/> DELETE
NAME	NYMAN, CRAIG A.
STREET ADDRESS	9 FARM SPRINGS RD
CITY-ST-ZIP	FARMINGTON CT 06032
TITLE	VP <input type="checkbox"/> DELETE
NAME	WEBB, JAMES W.
STREET ADDRESS	9 FARM SPRINGS DR
CITY-ST-ZIP	FARMINGTON CT
TITLE	DCEO <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	2959 MONTEREY/SALINAS HWY
CITY-ST-ZIP	MONTEREY CA 93940
TITLE	PD <input type="checkbox"/> DELETE
NAME	OKARMA, THOMAS M.
STREET ADDRESS	2959 MONTEREY/SALINAS HWY
CITY-ST-ZIP	MONTEREY CA 93940
TITLE	SVP <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9 FARM SPRINGS ROAD
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9 FARM SPRINGS ROAD
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D/EVP/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	McCann, John J.
6.3 STREET ADDRESS	9 Farm Springs Road
6.4 CITY-ST-ZIP	Farmington, CT 06032

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, with all other like empowered.

SIGNATURE: James W. Webb James W. Webb 27 April 99 (860) 674-2512
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)