

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90030 010 \*\*\*150.00

**DOCUMENT # 854548**

1. Entity Name

**DESIGN PROFESSIONALS INSURANCE COMPANY**

Principal Place of Business

Mailing Address

9 FARM SPRINGS RD  
 FARMINGTON CT 06032

9 FARM SPRINGS RD  
 FARMINGTON CT 06032-2526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **94-2319176**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER - STATE OF FLORIDA**  
**THE CAPITOL**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPT <input checked="" type="checkbox"/> Delete	TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYMAN, CRAIG A.	NAME	Lawrence W. Gowen
STREET ADDRESS	9 FARM SPRINGS RD	STREET ADDRESS	9300 Arrowpoint Boulevard
CITY-ST-ZIP	FARMINGTON CT 06032	CITY-ST-ZIP	Charlotte, NC 28201
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, JAMES W.	NAME	David B. Semeraro
STREET ADDRESS	9 FARM SPRINGS RD	STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON CT 06032	CITY-ST-ZIP	Farmington, CT 06032
TITLE	DCEO <input checked="" type="checkbox"/> Delete	TITLE	DCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, MARSTON W.	NAME	Robert V. Mendelsohn
STREET ADDRESS	9 FARM SPRINGS RD	STREET ADDRESS	9300 Arrowpoint Boulevard
CITY-ST-ZIP	FARMINGTON CT 06032	CITY-ST-ZIP	Charlotte, NC 28201
TITLE	SVP <input checked="" type="checkbox"/> Delete	TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDINGTON, GRAHAM A	NAME	Joseph F. Fisher
STREET ADDRESS	2959 MONTEREY/SALINAS HWY	STREET ADDRESS	9300 Arrowpoint Boulevard
CITY-ST-ZIP	MONTEREY CA 93940	CITY-ST-ZIP	Charlotte, NC 28201
TITLE	PD <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKARMA, THOMAS M.	NAME	
STREET ADDRESS	2959 MONTEREY/SALINAS HWY	STREET ADDRESS	
CITY-ST-ZIP	MONTEREY CA 93940	CITY-ST-ZIP	
TITLE	DEVS <input checked="" type="checkbox"/> Delete	TITLE	D/SVP/GC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCANN, JOHN J	NAME	Joyce W. Wheeler
STREET ADDRESS	9 FARM SPRINGS RD	STREET ADDRESS	9300 Arrowpoint Boulevard
CITY-ST-ZIP	FARMINGTON CT 06032	CITY-ST-ZIP	Charlotte, NC 28201

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Judy S. Spitzer* **REGISTERED** Judy S. Spitzer 1/25/00 (860) 674-6881  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #