

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Marjorie B. Matsum  
Secretary of State  
1900 N.W. 11th Street, Tallahassee, FL 32304

FILED  
SECRETARY OF STATE  
CORPORATIONS

55 MAY - 1 PM 12:44

DOCUMENT # **N93000001670 (9)**

**GROUP UNDERWRITERS ASSOCIATION OF AMERICA, INC.**

Principal Place of Business: **188 SERRANO WAY, PONTE VEDRA BEACH FL 32082**  
Mailing Address: **188 SERRANO WAY, PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/13/1993** 3a. Date of Last Report: **04/05/1994**  
4. FEI Number: **59-3178990** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$68.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 2a. Mailing Address  
21. **1 Independent Drive** 26. **1 Independent Drive**  
Suite, Apt. #, etc.: **Suite 2600** Suite, Apt. #, etc.: **Suite 2600**  
City & State: **Jacksonville, FL** City & State: **Jacksonville, FL**  
Zip: **32202** Country: **Duval** Zip: **32202** Country: **Duval**

9. Name and Address of Current Registered Agent: **LEAS, MICHAEL R, 1 INDEPENDENT DR, STE 2600, JACKSONVILLE FL 32202**  
10. Name and Address of New Registered Agent:  
81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ **FL** 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 agent 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, ETC. OFFICERS AND DIRECTORS (SEE 12)	
12.1 NAME: <b>SD POLAND, DEBORAH</b>	12.2 STREET ADDRESS: <b>NEW YORK LIFE, 541 MADISON AVE</b>	13.1 NAME: <b>SD GRITTON, Karen</b>	13.2 STREET ADDRESS: <b>800 Silverlake Blvd.</b>
12.3 CITY, ST, ZIP: <b>NEW YORK CITY NY</b>		13.3 CITY, ST, ZIP: <b>Dover, DE 19904</b>	
12.4 NAME: <b>PD BABINO, JEFFREY E</b>	12.5 STREET ADDRESS: <b>%UNUM LIFE, 2211 CONGRESS ST.</b>	13.4 NAME: <b>PD FLORIO, Barbara A.</b>	13.5 STREET ADDRESS: <b>1 Independent Drive</b>
12.6 CITY, ST, ZIP: <b>PORTLAND ME</b>		13.6 CITY, ST, ZIP: <b>Jacksonville, FL 32276</b>	
12.7 NAME: <b>TD CULLEN, MARTIN (STEVE)</b>	12.8 STREET ADDRESS: <b>AMERICAN BANKER LIFE, 11222 QUAIL ROOST DR</b>	13.7 NAME: <b>TD CULLEN, Martin (Steve)</b>	13.8 STREET ADDRESS: <b>5200 Blue Lagoon Drive, Suite 110</b>
12.9 CITY, ST, ZIP: <b>MIAMI FL</b>		13.9 CITY, ST, ZIP: <b>Miami, FL 33126-7001</b>	
12.10 NAME: <b>D BLOODGOOD, MICHAEL L</b>	12.11 STREET ADDRESS: <b>ANNUITY BOARD, 2401 CEDAR SPRINGS</b>	13.10 NAME: <b>D BLOODGOOD, Michael L.</b>	13.11 STREET ADDRESS: <b>4500 Fuller Drive</b>
12.12 CITY, ST, ZIP: <b>DALLAS TX</b>		13.12 CITY, ST, ZIP: <b>Irving, TX 75038</b>	
12.13 NAME: <b>D CAYETANO, ARLENE S</b>	12.14 STREET ADDRESS: <b>VASA LIFE, PO BOX 6047 NA</b>	13.13 NAME: <b>D CAYERTANO, Arlene S.</b>	13.14 STREET ADDRESS: <b>525 South Meridian</b>
12.15 CITY, ST, ZIP: <b>INDIANAPOLIS IN</b>		13.15 CITY, ST, ZIP: <b>Indianapolis, IN 46206-6047</b>	
12.16 NAME: <b>VD FLORIO, BARBARA A</b>	12.17 STREET ADDRESS: <b>%INDEPENDENT LIFE, ONE INDEPENDENT DR.</b>	13.16 NAME: <b>VD CAMPBELL, Ed</b>	13.17 STREET ADDRESS: <b>2323 Grand Avenue</b>
12.18 CITY, ST, ZIP: <b>JACKSONVILLE FL</b>		13.18 CITY, ST, ZIP: <b>Kansas City, MO 64108</b>	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 617, Florida Statutes, and that my name appears on Block 12 or Block 13, whichever, or on an attachment with an address.

SIGNATURE:  **BARBARA A. Florio** 5/1/95 (904) 3585545  
OFFICER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GROUP UNDERWRITERS ASSOCIATION OF AMERICA, INC.  
1995 Nonprofit Corporation Annual Report

Continuation of Blocks 12 and 13

Block 12:

D  
GRITTON, Karen  
Insurance Consulting Group  
P.O. Box 116 (N/A)  
Lincoln, DE 19960-0116

D  
WADE, William F.  
Ameritas Life Insurance Company  
One Ameritus Way  
P.O. Box 81889 (N/A)  
Lincoln, NE 68501-1889

D  
HANKINSON, Richard E.  
MSU Consortium  
7509 Nall, Suite 10  
Prairie Village, KS 66208

Block 13 (Changes):

D  
MUNCIL, Carol  
NWNL Reinsurance Division  
20 Washington Ave., S  
Route 4853  
Minneapolis, MN 55401

D  
WADE, William F.  
Ameritas Life Insurance Co.  
5900 O Street  
Lincoln, NE 68510