

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000001670 (9)

1. Corporation Name

GROUP UNDERWRITERS ASSOCIATION OF AMERICA, INC.



Principal Place of Business

Mailing Address

1 INDEPENDENT DR
 SUITE 2600
 JACKSONVILLE FL 32202
 US

1 INDEPENDENT DR
 SUITE 2600
 JACKSONVILLE FL 32202
 US

3. Date Incorporated or Qualified
 04/13/1993

3a. Date of Last Report
 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3178990

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEAS, MICHAEL R
 1 INDEPENDENT DR
 STE 2600
 JACKSONVILLE FL 32202

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
SD	GRITTON, KAREN	800 SILVERLAKE BLVD	DOVER DE	<input type="checkbox"/>
PD	FLORIO, BARBARA A	1 INDEPENDENT DR	JACKSONVILLE FL	<input type="checkbox"/>
TD	CULLEN, MARTIN STEVE	5200 BLUE LAGOON DR SUITE 110	MIAMI FL	<input type="checkbox"/>
D	BLOODGOOD, MICHAEL L	4500 FULLER DR	IRVING TX	<input type="checkbox"/>
D	CAYERTANO, ARLENE S	525 S MERIDIAN	INDIANAPOLIS IN	<input type="checkbox"/>
VD	CAMPBELL, ED	2323 GRAND AVE	KANSAS CITY MO	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	HANKISON, Richard E.	7509 Nall, Suite 10	Prairie Village, KS 66208	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HEBERLING, Marita	3629 Queen Palm Drive	Tampa, FL 33619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	CAYETANO, Arlene S.	525 S. Meridian	Indianapolis, IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	CAMPBELL, Edwin	100 Main Street	Dover, NH 03820	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 19, 1996
 (305) 465-5844

GROUP UNDERWRITERS ASSOCIATION OF AMERICA, INC.
1996 Nonprofit Corporation Annual Report

Continuation of Blocks 12 and 13

Block 12:

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

Block 13 (Changes):

D
DePRE, James
4860 Street Road
Trevose, PA 19049

ADD

D
WADE, William F.
5438 N. 90th Street, Suite 330
Omaha, NE 64134