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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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		3. Date Incorporated or Qualified	3a. Date of Last Report
INDEPENDENT DR SUITE 2600 JACKSONVILLE FL 32202 US		1 INDEPENDENT DR SUITE 2600 JACKSONVILLE FL 32202-5020 US		04/13/1993	08/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3178990	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> 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

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]* DATE: *March 23, 1997*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRITTON, KAREN			1.2 NAME			
STREET ADDRESS	800 SILVERLAKE BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	DOVER DE			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HANKINSON, RICHARD E			2.2 NAME			
STREET ADDRESS	7509 NALL SUITE 10			2.3 STREET ADDRESS			
CITY-ST-ZIP	PRAIRIE VILLAGE KS			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CULLEN, MARTIN STEVE			3.2 NAME	CULLEN, Martin Steve		
STREET ADDRESS	5200 BLUE LAGOON DR SUITE 110			3.3 STREET ADDRESS	255 Alhambra Circle, Suite 330		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Coral Gables, FL		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HEBERLING, MARITA			4.2 NAME	HEBERLING, Marita		
STREET ADDRESS	3629 QUEEN PALM DRIVE			4.3 STREET ADDRESS	3629 Queen Palm Drive		
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP	Tampa, FL		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAYETANO, ARLENE S			5.2 NAME			
STREET ADDRESS	525 S MERIDIAN			5.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN			5.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAMPBELL, EDWIN			6.2 NAME			
STREET ADDRESS	100 MAIN ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	DOVER NH			6.4 CITY-ST-ZIP			

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *MARTIN S. CULLEN, PRESIDENT* DATE: *March 23, 1997* DAYTIME PHONE: *(360) 44-5844*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

GROUP UNDERWRITERS ASSOCIATION OF AMERICA, INC.  
1997 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

D  
DePRE, James  
4860 Street Road  
Trevose, PA 19049

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

Block 13 (Changes):