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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001670 (9)

1. Corporation Name
GROUP UNDERWRITERS ASSOCIATION OF AMERICA, INC.



Principal Place of Business 1 INDEPENDENT DR SUITE 2600 JACKSONVILLE FL 32202 US	Mailing Address 1 INDEPENDENT DR SUITE 2600 JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 04/13/1993
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4. FEI Number 59-3178990	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LEAS, MICHAEL R 1 INDEPENDENT DR STE 2600 JACKSONVILLE FL 32202
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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 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	GRITTON, KAREN 800 SILVERLAKE BLVD DOVER DE	<input checked="" type="checkbox"/> DELETE	
TITLE PD	HANKINSON, RICHARD E 7509 NALL SUITE 10 PRAIRIE VILLAGE KS	<input checked="" type="checkbox"/> DELETE	
TITLE PD	CULLEN, MARTIN STEVE 255 ALHAMBRA CIR., STE. 320 CORAL GABLES FL	<input type="checkbox"/> DELETE	3.1 TITLE CULLEN, Martin Steve 3.2 NAME 255 Alhambra Circle, Suite 330 3.3 STREET ADDRESS Coral Gables, FL 33134 3.4 CITY-ST-ZIP
TITLE TD	HEBERLING, MARITA 3629 QUEEN PALM DRIVE TAMPA FL	<input type="checkbox"/> DELETE	4.1 TITLE TD 4.2 NAME HEBERLING, Marita 4.3 STREET ADDRESS 27828 Lincoln Place 4.4 CITY-ST-ZIP Wesley Chapel, FL 33544
TITLE D	CAYETANO, ARLENE S 525 S MERIDIAN INDIANAPOLIS IN	<input type="checkbox"/> DELETE	5.1 TITLE PD 5.2 NAME CAYETANO, Arlene S. 5.3 STREET ADDRESS 525 S. Meridian 5.4 CITY-ST-ZIP Indianapolis, IN 46225
TITLE VD	CAMPBELL, EDWIN 100 MAIN ST DOVER NH	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: Arlene S. Cayetano Date: 4/13/98 (317) 238-5610

CR2E037 (10/97)

GROUP UNDERWRITERS ASSOCIATION OF AMERICA, INC.
1998 Nonprofit Corporation Annual Report

Continuation of Blocks 12 and 13

Block 12:

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

D (DELETE)
DePRE, James
4860 Street Road
Trevose, PA 19049

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

Block 13 (Changes):

VD
DAMMERS, Art (ADDITION)
200 Hopmeadow Street
Simsbury, CT 06089

SD
ROBISON, Teresa (ADDITION)
400 Westwood Drive
Wausau, WI 54402-8016

D
MITCHELL, David (ADDITION)
178 Middle Street, Suite 200
Portland, ME 04101

D
RUSSELL, Don (ADDITION)
500 Southborough Drive
South Portland, ME 04106

D
PALMIERI, John (ADDITION)
440 Lincoln Street
Worcester, MA 01653

D
JACOBSEN, Nichol (ADDITION)
400 Robert Street North
Saint Paul, MN 55101