

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 10, 2000 08:00 AM
Secretary of State

DOCUMENT # N93000001670

1. Entity 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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3178990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEAS MICHAEL R 1 INDEPENDENT DR STE 2600 JACKSONVILLE FL 32202 US		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 _____ DATE **01/10/2000**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALMIERI JOHN			NAME			
STREET ADDRESS	440 LINCOLN ST			STREET ADDRESS			
CITY-ST-ZIP	WORCHESTER MA 01653			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL DON			NAME			
STREET ADDRESS	500 SOUTHBOROUGH DR			STREET ADDRESS			
CITY-ST-ZIP	S. PORTLAND ME 04106			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON TERESA			NAME			
STREET ADDRESS	400 WESTWOOD DR			STREET ADDRESS			
CITY-ST-ZIP	WAUSAU WI 54402			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHELL DAVID			NAME	GRITTON KAREN		
STREET ADDRESS	178 MIDDLE ST STE 200			STREET ADDRESS	800 SILVERLAKE BLVD.		
CITY-ST-ZIP	PORTLAND ME 04101			CITY-ST-ZIP	DOVER DE 19904		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEBERLING MARITA			NAME			
STREET ADDRESS	9 PIEDMONT CNTR 3495 PIEDMONT RD NE.			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 33305			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAMMERS ARTHUR			NAME	MITCHELL DAVID		
STREET ADDRESS	200 HOPMEADOW ST			STREET ADDRESS	178 MIDDLE STREET, SUITE 200		
CITY-ST-ZIP	SIMSBURY CT 06060			CITY-ST-ZIP	PORTLAND ME 04101		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**WALKER, MARK - DIRECTOR
711 HIGH STREET**

DES MOINES, IOWA 50392-0350

**JACOBSEN, NICHOL - DIRECTOR
400 ROBERT STREET NORTH**

SAINT PAUL, MN 55101

**DAMMERS, ARTHUR - DIRECTOR
200 HOPMEADOW STREET**

SIMSBURY, CT 06060