

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001670

FILED
Apr 18, 2005
Secretary of State

Entity Name: GROUP UNDERWRITERS ASSOCIATION OF AMERICA, INC.

Current Principal Place of Business:

1 INDEPENDENT DR
SUITE 2600
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

1 INDEPENDENT DR
SUITE 2600
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3178990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, TERESA
Address: 14610 MIDDLEBURG PLAIN CITY RD.
City-St-Zip: PLAIN CITY, OH 43064

Title: VPD () Delete
Name: WALKER, MARK
Address: 400 ROBERTS ST N
City-St-Zip: SAINT PAUL, MN 55101

Title: D () Delete
Name: FISHER, WAYNE
Address: 6200 SHINGLE CREEK PARKWAY SUITE 550
City-St-Zip: BROOKLYN CENTER, MN 55430

Title: TD () Delete
Name: O'CALLAHAN, SKY
Address: 920 SW 6TH AVE.
City-St-Zip: PORTLAND, OR 97204

Title: SD () Delete
Name: LACY, PHIL
Address: 100 N TRYON ST.
City-St-Zip: CHARLOTTE, NC 282024000

Title: D () Delete
Name: HIERS, JIM
Address: 56 PERIMETER CENTER E
City-St-Zip: ATLANTA, GA 30306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA ROBINSON

P

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date