2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001670

Apr 24, 2006 Secretary of State

Entity Name: GROUP UNDERWRITERS ASSOCIATION OF AMERICA, INC.

New Principal Place of Business: Current Principal Place of Business:

1 INDEPENDENT DR **SUITE 2600**

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

1 INDEPENDENT DR **SUITE 2600**

JACKSONVILLE, FL 32202 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete (X) Change () Addition

ROBINSON, TERESA WALKER, MARK Name: Name: 14610 MIDDLEBURG PLAIN CITY RD. Address: P.O. BOX 581933 Address:

City-St-Zip: PLAIN CITY, OH 43064 City-St-Zip: MINNEAPOLIS, MN 55458 US

Title: VPD () Delete Title: VPD (X) Change () Addition

WALKER, MARK Name: LACY, PHIL Name: Address: 400 ROBERTS ST N Address: P.O. BOX 581933 City-St-Zip: SAINT PAUL, MN 55101 City-St-Zip: MINNEAPOLIS, MN 55458

Title: () Delete Title: SD (X) Change () Addition

FISHER, WAYNE WOOD, ANN M Name: Name: 6200 SHINGLE CREEK PARKWAY SUITE 550 Address: Address: P.O. BOX 581933

City-St-Zip: BROOKLYN CENTER, MN 55430 City-St-Zip: MINNEAPOLIS, MN 55458

Title: TD () Delete Title: TD (X) Change () Addition ZEPEDA, CURTIS Name:

O'CALLAHAN, SKY Name: 920 SW 6TH AVE. Address: Address: P.O. BOX 581933 City-St-Zip: PORTLAND, OR 97204 City-St-Zip: MINNEAPOLIS, MN 55458

Title: () Delete Title: (X) Change () Addition

LACY, PHIL HIERS, JIM Name: Name: 100 N TRYON ST. P.O. BOX 581933 Address: Address: CHARLOTTE, NC 282024000 City-St-Zip: City-St-Zip: MINNEAPOLIS, MN 55458

Title: () Delete Title: (X) Change () Addition

HIERS, JIM WILMOT, JIM Name: Name: Address: 56 PERIMETER CENTER E Address: P.O. BOX 581933 MINNEAPOLIS, MN 55458 ATLANTA, GA 30306 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CURTIS ZEPEDA Т 04/24/2006