

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001670

FILED  
Apr 24, 2007  
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:

818 NORTH A1A  
SUITE 104  
PONTE VEDRA BEACH, FL 32082 US

## Current Mailing Address:

1 INDEPENDENT DR  
SUITE 2600  
JACKSONVILLE, FL 32202 US

## New Mailing Address:

818 NORTH A1A  
SUITE 104  
PONTE VEDRA BEACH, FL 32082 US

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:

FISHER, TOUSEY, LEAS & BALL, P.A.  
818 NORTH A1A  
SUITE 104  
PONTE VEDRA BEACH, FL 32082 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: BEVERLY H. FURTICK

04/24/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALKER, MARK  
Address: P.O. BOX 581933  
City-St-Zip: MINNEAPOLIS, MN 55458 US

Title: VPD ( ) Delete  
Name: LACY, PHIL  
Address: P.O. BOX 581933  
City-St-Zip: MINNEAPOLIS, MN 55458

Title: SD ( ) Delete  
Name: WOOD, ANN M  
Address: P.O. BOX 581933  
City-St-Zip: MINNEAPOLIS, MN 55458

Title: TD ( ) Delete  
Name: ZEPEDA, CURTIS  
Address: P.O. BOX 581933  
City-St-Zip: MINNEAPOLIS, MN 55458

Title: D ( ) Delete  
Name: HIERS, JIM  
Address: P.O. BOX 581933  
City-St-Zip: MINNEAPOLIS, MN 55458

Title: D ( ) Delete  
Name: WILMOT, JIM  
Address: P.O. BOX 581933  
City-St-Zip: MINNEAPOLIS, MN 55458

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LACY, PHIL  
Address: P.O. BOX 581933  
City-St-Zip: MINNEAPOLIS, MN 55458 US

Title: VPD (X) Change ( ) Addition  
Name: POLLARD, CAROLYN  
Address: P.O. BOX 581933  
City-St-Zip: MINNEAPOLIS, MN 55458

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 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

T

04/24/2007

Electronic Signature of Signing Officer or Director

Date