

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90158 034 \*\*\*\*61.25

**DOCUMENT # N93000001670**



1. Entity 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**

JACKSONVILLE



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3178990**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$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**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD ROBINSON, TERESA 14610 MIDDLEBURG PLAIN CITY ROAD PLAIN CITY OH 43064</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RUSSEL, DON 178 MIDDLE STREET, SUITE 200 PORTLAND ME 04101</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PALMIERI, JOHN 8505 EAST ORCHARD ROAD ENGLEWOOD CO 80111</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JACOBSEN, NICOL 8529 JEFFREY AVENUE SOUTH COTTAGE GROVE MN 55016</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALKER, MARK 4322 MATTHEW COURT EAGAN MN 55123</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FISHER, WAYNE 8200 SHINGLE CREEK PARKWAY SUITE 550 BROOKLYN CENTER MN 55430</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD 5525 Park Center Circle Dublin, OH 43017-3584</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD 400 Roberts Street North St. Paul, MN 55101</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: ~~SIGNATURE REMOVED~~

2/27/03 503-321-6827

CR2E037 (10/02)

Attachment

70026017  
# 119300001670

GROUP UNDERWRITERS ASSOCIATION OF AMERICA, INC.  
2003 Nonprofit Corporation Annual Report

Continuation of Block 11

Block 11 (Additions/Changes):

- D (ADDITION)  
Sky O'Callahan  
920 SW 6<sup>th</sup> Avenue  
Portland, OR 97204
  
- DS (ADDITION)  
Linda Michelic  
501 W. Michigan  
Milwaukie, WI 53201
  
- D (ADDITION)  
Jim Hiers  
56 Perimeter Center East  
Atlanta, GA 30306
  
- D (ADDITION)  
Kim Miller  
2300 Main Street  
Irvine, CA 92614
  
- D (ADDITION)  
Carolyn Pollard  
145 Commercial Street  
Portland, Maine 04071