

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:54

DOCUMENT # P02999 (1)

1. Corporation Name
VIRGINIA PROFESSIONAL UNDERWRITERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**4200 INNSLAKE DR
GLEN ALLEN VA 23060
US** **P O BOX 85058
RICHMOND VA 23261-3058
US**

3. Date Incorporated or Qualified **08/10/1984** 3a. Date of Last Report **04/14/1994**
4. FEI Number **54-1027624** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE **April 3, 1995**

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCLEAN, GORDON D.
STREET ADDRESS	4200 INNSLAKE DRIVE
CITY - ST - ZIP	RICHMOND VA
TITLE	EVP
NAME	PATTERSON, KENNETH R.
STREET ADDRESS	4200 INNSLAKE DRIVE
CITY - ST - ZIP	RICHMOND VA
TITLE	TD
NAME	O'BRIEN, JOHN P.
STREET ADDRESS	8001 BRADDOCK ROAD
CITY - ST - ZIP	SPRINGFIELD VA
TITLE	VP
NAME	HUDGINS, CAROLYN
STREET ADDRESS	4200 INNSLAKE DRIVE
CITY - ST - ZIP	RICHMOND VA
TITLE	VCD
NAME	PEARCE, RICHARD J.
STREET ADDRESS	606 DENBIGH BLVD.
CITY - ST - ZIP	NEWPORT NEWS VA
TITLE	SD
NAME	EDWARDS, J RANDOLPH
STREET ADDRESS	1212 3RD ST
CITY - ST - ZIP	ROANOKE VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jacobs, Jr., William F.
1.3 STREET ADDRESS	4200 Innslake Drive
1.4 CITY - ST - ZIP	Glen Allen, VA 23060
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Glen Allen, VA 23060
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Glen Allen, VA 23060
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn Hudgins April 3, 1995 (804) 965-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #