

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P02999** (1)
1. Corporation Name
VIRGINIA PROFESSIONAL UNDERWRITERS, INC.



Principal Place of Business Mailing Address
**4200 INNSLAKE DR
GLEN ALLEN VA 23060
US** **P O BOX 85058
RICHMOND VA 23261-2058
US**

3. Date Incorporated or Qualified **08/10/1984** 3a. Date of Last Report **04/14/1995**
4. FEI Number **54-1027624** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	JACOBS, JR. W F
STREET ADDRESS	4200 INNSLAKE DRIVE
CITY-ST-ZIP	GLEN ALLEN VA
TITLE	EVP <input type="checkbox"/> DELETE
NAME	PATTERSON, KENNETH R.
STREET ADDRESS	4200 INNSLAKE DRIVE
CITY-ST-ZIP	GLEN ALLEN VA
TITLE	TD <input type="checkbox"/> DELETE
NAME	O'BRIEN, JOHN P.
STREET ADDRESS	8001 BRADDOCK ROAD
CITY-ST-ZIP	SPRINGFIELD VA
TITLE	VP <input type="checkbox"/> DELETE
NAME	HUDGINS, CAROLYN
STREET ADDRESS	4200 INNSLAKE DRIVE
CITY-ST-ZIP	GLEN AL
TITLE	VCD <input type="checkbox"/> DELETE
NAME	PEARCE, RICHARD J.
STREET ADDRESS	608 DENBIGH BLVD.
CITY-ST-ZIP	NEWPORT NEWS VA
TITLE	SD <input type="checkbox"/> DELETE
NAME	EDWARDS, J RANDOLPH
STREET ADDRESS	1212 3RD ST
CITY-ST-ZIP	ROANOKE VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jacobs, William F.
13 STREET ADDRESS	4200 Innslake Drive
14 CITY-ST-ZIP	Glen Allen, VA 23060
2.1 TITLE	EVP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Patterson, Kenneth R.
2.3 STREET ADDRESS	4200 Innslake Drive
2.4 CITY-ST-ZIP	Glen Allen, VA 23060
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400001783064
4.3 STREET ADDRESS	-04/16/96--01134--037
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	VC/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Edwards, J. Randolph
5.3 STREET ADDRESS	1212 Third Street
5.4 CITY-ST-ZIP	Roanoke, VA 24016
6.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Burgin, Robert F.
6.3 STREET ADDRESS	509 Biltmore Avenue
6.4 CITY-ST-ZIP	Asheville, NC 28801

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 119.07(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* Vice President 3-3-96 (804) 965-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)