FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

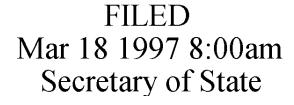
DOCUMENT #

(1)

VARGINIA PHOPESSIONAL UNDERWRITERS YNGX

THE RECIPROCAL GROUP

Principal Place of Business	Mailing Address
4200 INNSLAKE DR	P O BOX 85058
GLEN ALLEN VA 23060	RICHMOND VA 23285-5058
US	US





				3. Date Incorporated or Qualified 3a. Date of Last Report 04/16/1996					
2. Principal P	ncipal Place of Business 2a. Mailing Address 26				4. FEI Number 54-1027624			Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	5 Additional	
22		27			Certificate of Statu	s Desired		Required	
City & State				6. Election Campaign			00 May Be		
Zip	Country	Zip Country			Trust Fund Contrib			led to Fees	
24	25	├	30	У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of Current		, o		10. Name and Addres				
			8	Name					
CT CORPORATION SYSTEM				80 0 Add (D 0 D 1)					
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			B.	82 Street Address (P.O. Box Number is Not Acceptable) B3					
			B						
(= "(),			-	1					
			8	1 City			FL 85 2	Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the abo	ve named o	rporation submits this state	ment for the pu	reces of changin	ng 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 hards of registered agent			gent signature r	uired when reinstating)		DATE		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANG	ES TO OFFICE			
NAME	PD			1			∐ Chan	ge L Addition	
STREET ADDRESS	JACOBS, WILLIAM F 4200 INNSLAKE DRIVE		1.2 NAM(
CITY-ST-ZIP	GLEN ALLEN VA 23060			1 ADDRESS					
TITLE	EVPD	DELETE	14 CHY-	\$1-ZIP			Chan	ge Addition	
NAME	PATTERSON, KENNETH R.	<u> </u>	2 2 NAME					Se T Voquion	
STREET ADDRESS	4200 INNSLAKE DRIVE		•	I ADDRESS					
CITY-ST-ZIP	GLEN ALLEN VA 23060		2. 4 C/TY					1	
TITLE	TD	DELETE	3.1 TITLE		TD		Chan	ge 😾 Addition	
NAME	O'BRIEN, JOHN P.		3.2 NAME		David W. Goff				
STREET ADDRESS	8001 BRADDOCK ROAD		3.3 STREE	1 ADDRESS	1840 Amherst Street				
CITY-ST-ZIP	SPRINGFIELD VA		3.4 CITY	ST-ZIP	Wincheston WA 22601 2540				
TITLE	VP	☐ DELETE	4.1 TITLE		Senior VP	······································	Z Chan	ge Addition	
NAME	HUDGINS, CAROLYN		4. 2 NAMI		Denier VI				
STREET ADDRESS	4200 INNSLAKE DRIVE		4.3 STREE	T ADDRESS					
CITY-ST-ZIP	GLEN AL		4.4 CHY-	SI-ZIP					
TITLE	VCD	L DELETE	5 1 TITLE		Chairman/Direc	tor	Chan	ge 🔲 Addition	
NAME	PEARCE, J. RANDOLPH		5.2 NAME					ļ	
STREET ADDRESS	1212 THIRD STREET			1 ADDRESS					
CITY-ST-ZIP TITLE	ROANOKE VA 24016	DELETE	5.4 CITY-	ST-ZIF			N 1 o		
NAME	SD BUDGIN DODEDT E	Land Decemb	6.1 TITLE		SD		K Chan	ge L_] Addition	
STREET ADDRESS	BURGIN, ROBERT F		6.2 NAME	* 1000000	Kenneth L. Wad			ļ	
	509 BILTMORE AVENUE ASHEVELLE NC 28801		1	T ADORESS	5836 01de Lock				
City-st-zip 14. I do hereb	v certify that the information supplied:	with this filing does not qualify t	6.4 CITY- for the ex-	emption sta	Raonoke VA 24	018 Orida Statutos	Lituriber certify ti	nat the	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 9.07(3)(i), 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 trusted 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.									