

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P02999 (1)

1. Corporation Name
VIRGINIA PROFESSIONAL UNDERWRITERS, INC
THE RECIPROCAL GROUP

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



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

| | |
|---|---|
| 3. Date Incorporated or Qualified 08/10/1984 | 3a. Date of Last Report 04/16/1996 |
| 4. FEI Number 54-1027624 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 85 Zip Code |

FL

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 | PD | <input type="checkbox"/> DELETE |
| NAME | JACOBS, WILLIAM F | |
| STREET ADDRESS | 4200 INNSLAKE DRIVE | |
| CITY-ST-ZIP | GLEN ALLEN VA 23060 | |
| TITLE | EVPD | <input type="checkbox"/> DELETE |
| NAME | PATTERSON, KENNETH R. | |
| STREET ADDRESS | 4200 INNSLAKE DRIVE | |
| CITY-ST-ZIP | GLEN ALLEN VA 23060 | |
| 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, J. RANDOLPH | |
| STREET ADDRESS | 1212 THIRD STREET | |
| CITY-ST-ZIP | ROANOKE VA 24016 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BURGIN, ROBERT F | |
| STREET ADDRESS | 509 BILTMORE AVENUE | |
| CITY-ST-ZIP | ASHEVELLE NC 28801 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TD |
| 3.3 STREET ADDRESS | David W. Goff |
| 3.4 CITY-ST-ZIP | 1840 Amherst Street |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Winchester, VA 22601-2540 |
| 4.3 STREET ADDRESS | Senior VP |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Chairman/Director |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | SD |
| 6.3 STREET ADDRESS | Kenneth L. Waddell |
| 6.4 CITY-ST-ZIP | 5836 Olde Locke Court, S.W. |

Roanoke, VA 24018

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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.

CR2E037 (9/96)