

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001670

**Entity Name:** GROUP UNDERWRITERS ASSOCIATION OF AMERICA, INC.

**FILED**  
**Apr 09, 2024**  
**Secretary of State**  
**0739827414CC**

**Current Principal Place of Business:**

501 RIVERSIDE AVENUE  
SUITE 700  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

P.O. BOX 380084  
BIRMINGHAM, AL 35238 US

**FEI Number: 59-3178990**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FT CORPORATE SERVICES, LLC  
501 RIVERSIDE AVENUE  
SUITE 700  
JACKSONVILLE, FL 32202 US

*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.*

**SIGNATURE: MARVIN C KLOEPPPEL**

**04/09/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name CLARK, MATTHEW  
Address P.O. BOX 380084  
City-State-Zip: BIRMINGHAM AL 35238

Title DIRECTOR, VP  
Name SCHWARTZ, NATHAN  
Address P.O. BOX 380084  
City-State-Zip: BIRMINGHAM AL 35238

Title DIRECTOR, TREASURER  
Name HOWLEY, CHRISTOPHER  
Address P.O. BOX 380084  
City-State-Zip: BIRMINGHAM AL 35238

Title DIRECTOR, ASSISTANT TREASURER  
Name KAUFMAN, MIRIAM  
Address P.O. BOX 380084  
City-State-Zip: BIRMINGHAM AL 35238

Title DIRECTOR  
Name ANDERSON, MIKE  
Address P.O. BOX 380084  
City-State-Zip: BIRMINGHAM AL 35238

Title DIRECTOR, SECRETARY  
Name STOVEKEN, GWEN  
Address P.O. BOX 380084  
City-State-Zip: BIRMINGHAM AL 35238

Title DIRECTOR  
Name IANNETTI , JOSEPH  
Address P.O. BOX 380084  
City-State-Zip: BIRMINGHAM AL 35238

Title DIRECTOR  
Name BUCZEK , JUDY  
Address P.O. BOX 380084  
City-State-Zip: BIRMINGHAM AL 35238

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MATTHEW CLARK**

**PRESIDENT**

**04/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name CARREAU, LAURA

Address P.O. BOX 380084

City-State-Zip: BIRMINGHAM AL 35238