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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 854548 (5)

1. Corporation Name  
DESIGN PROFESSIONALS INSURANCE COMPANY

Principal Place of Business

Mailing Address

9 FARM SPRINGS DRIVE  
FARMINGTON CT 06032

9 FARM SPRINGS DRIVE  
FARMINGTON CT 06032-2569



3. Date Incorporated or Qualified

10/29/1982

3a. Date of Last Report

02/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

94-2319176

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER - STATE OF FLORIDA  
THE CAPITOL  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CD	GRUBER, ALAN R	660 FIFTH AVENUE	NEW YORK NY 10020	<input type="checkbox"/>
VD	HOLLEN, LARRY D	9 FARM SPRINGS DRIVE	FARMINGTON CT 06032	<input checked="" type="checkbox"/>
PD	BECKER, W. MARSTON	2959 MONTEREY/SALINAS HIGHWAY	MONTEREY CA 93940	<input type="checkbox"/>
V	ADDINGTON, GRAHAM A	155 UNIVERSITY AVENUE #702	TORONTO, ONTARIO	<input type="checkbox"/>
VD	BARRY, DANIEL L	9 FARM SPRINGS DRIVE	FARMINGTON CT 06032	<input type="checkbox"/>
V	CHANEY, A. RUSSELL	2959 MONTEREY/SALINAS HIGHWAY	MONTEREY CA 93940	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	James W. Webb	9 Farm Springs Drive	Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D,C,CEO	W. Marston Becker	9 Farm Springs Drive	Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D, SVO, CFO				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVP				<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James W. Webb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 (860) 674-2512  
Date Daytime Phone #

CR2E034 (9/96)