

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854548 (5)
1. Corporation Name
DESIGN PROFESSIONALS INSURANCE COMPANY

Principal Place of Business

9 FARM SPRINGS DRIVE
FARMINGTON CT 06032

Mailing Address

9 FARM SPRINGS DRIVE
FARMINGTON CT 06032



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1982	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 94-2319176	Applied For Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER - STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE FL 32301

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

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	D	1.1 TITLE	VP/T
NAME	GRUBER, ALAN R	1.2 NAME	Craig A. Nyman
STREET ADDRESS	860 FIFTH AVENUE	1.3 STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	Farmington, CT 06032
TITLE	VP	2.1 TITLE	
NAME	WEBB, JAMES W.	2.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	D/C/CEO
NAME	BECKER, MARSTON W.	3.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	
NAME	ADDINGTON, GRAHAM A	4.2 NAME	
STREET ADDRESS	155 UNIVERSITY AVENUE #702	4.3 STREET ADDRESS	2959 Monterey/Salinas Highway
CITY-ST-ZIP	TORONTO, ONTARIO	4.4 CITY-ST-ZIP	Monterey, CA 93940
TITLE	DS	5.1 TITLE	P/D
NAME	BARRY, DANIEL L	5.2 NAME	Thomas M. Okarma
STREET ADDRESS	9 FARM SPRINGS DRIVE	5.3 STREET ADDRESS	2959 Monterey/Salinas Highway
CITY-ST-ZIP	FARMINGTON CT	5.4 CITY-ST-ZIP	Monterey, CA 93940
TITLE	SVP	6.1 TITLE	
NAME	CHANEY, A. RUSSELL	6.2 NAME	
STREET ADDRESS	2959 MONTEREY/SALINAS HIGHWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTEREY CA	6.4 CITY-ST-ZIP	

14. I 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, James W. Webb, Vice President 14 April 1998 (860) 674-6600

CR2E034 (10/97)