

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90072 046 ***150.00

DOCUMENT # 854548

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

3. Date Incorporated or Qualified

10/29/1982

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9 Farm Springs Road

2a. Mailing Address

26 9 Farm Springs Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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 VPT ☐ DELETE
NAME NYMAN, CRAIG A.
STREET ADDRESS 9 FARM SPRINGS RD
CITY-ST-ZIP FARMINGTON CT 06032

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME WEBB, JAMES W.
STREET ADDRESS 9 FARM SPRINGS DR
CITY-ST-ZIP FARMINGTON CT

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 9 FARM SPRINGS ROAD
2.4 CITY-ST-ZIP

TITLE DCEO ☐ DELETE
NAME BECKER, MARSTON W.
STREET ADDRESS 9 FARM SPRINGS DR
CITY-ST-ZIP FARMINGTON CT

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 9 FARM SPRINGS ROAD
3.4 CITY-ST-ZIP

TITLE SVP ☐ DELETE
NAME ADDINGTON, GRAHAM A
STREET ADDRESS 2959 MONTEREY/SALINAS HWY
CITY-ST-ZIP MONTEREY CA 93940

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME OKARMA, THOMAS M.
STREET ADDRESS 2959 MONTEREY/SALINAS HWY
CITY-ST-ZIP MONTEREY CA 93940

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SVP ☒ DELETE
NAME CHANEY, A. RUSSELL
STREET ADDRESS 2959 MONTEREY/SALINAS HIGHWAY
CITY-ST-ZIP MONTEREY CA

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D/EVP/AS
6.3 STREET ADDRESS McCann, John J.
6.4 CITY-ST-ZIP 9 Farm Springs Road
Farmington, CT 06032

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Webb

27 April 99

(860) 674-2512

Daytime Phone #

CR2E034 (1/198)