

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854548

1. Entity Name

DESIGN PROFESSIONALS INSURANCE COMPANY

Principal Place of Business

Mailing Address

9 FARM SPRINGS RD
FARMINGTON CT 06032

9 FARM SPRINGS RD
FARMINGTON CT 06032-2526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2319176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER - STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	NYMAN, CRAIG A.	
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEBB, JAMES W.	
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	BECKER, MARSTON W.	
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	ADDINGTON, GRAHAM A	
STREET ADDRESS	2959 MONTEREY/SALINAS HWY	
CITY-ST-ZIP	MONTEREY CA 93940	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OKARMA, THOMAS M.	
STREET ADDRESS	2959 MONTEREY/SALINAS HWY	
CITY-ST-ZIP	MONTEREY CA 93940	
TITLE	DEVS	<input checked="" type="checkbox"/> Delete
NAME	MCCANN, JOHN J	
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT 06032	

TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence W. Gowen	
STREET ADDRESS	9300 Arrowpoint Boulevard	
CITY-ST-ZIP	Charlotte, NC 28201	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David B. Semeraro	
STREET ADDRESS	9 Farm Springs Road	
CITY-ST-ZIP	Farmington, CT 06032	
TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert V. Mendelsohn	
STREET ADDRESS	9300 Arrowpoint Boulevard	
CITY-ST-ZIP	Charlotte, NC 28201	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph F. Fisher	
STREET ADDRESS	9300 Arrowpoint Boulevard	
CITY-ST-ZIP	Charlotte, NC 28201	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/SVP/GC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce W. Wheeler	
STREET ADDRESS	9300 Arrowpoint Boulevard	
CITY-ST-ZIP	Charlotte, NC 28201	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy S. Spitzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy S. Spitzer

1/25/00
Date

(860) 674-6881
Daytime Phone #