FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 9:42

DOCUMENT # **P28224** **(4)**

1. Corporation Name

PROFESSIONAL UNDERWRITERS LIABILITY INSURANCE CO MPANY

Principal Place of Business	Mailing Address
185 GREENWOOD ROAD NAPA CA 94559 US	185 GREENWOOD ROAD NAPA CA 94559 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 95-4241120 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☒ Change ☐ Addition
NAME	SABELLA, JOSEPH D	12 NAME	Manuel S. Puebla	
STREET ADDRESS	185 GREENWOOD ROAD	13 STREET ADDRESS	185 Greenwood Road	
CITY-ST-ZIP	NAPA CA	14 CITY-ST-ZIP	Napa, CA 94558	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	PUEBLA, MANUEL S.	22 NAME		
STREET ADDRESS	185 GREENWOOD ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	NAPA CA	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	REILEY, JERRY J	32 NAME		
STREET ADDRESS	185 GREENWOOD ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	NAPA CA	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	Director	☒ Change ☐ Addition
NAME	SABELLA, JOSEPH D., MD	42 NAME	Charles A. O'Brien, Esq.	
STREET ADDRESS	185 GREENWOOD ROAD	43 STREET ADDRESS	185 Greenwood Road	
CITY-ST-ZIP	NAPA CA	44 CITY-ST-ZIP	Napa, CA 94558	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GORNEY, MARK, MD	52 NAME		
STREET ADDRESS	185 GREENWOOD ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	NAPA CA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MCRAE, JOHN A., MD	62 NAME		
STREET ADDRESS	185 GREENWOOD ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	NAPA CA	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ May 15, 1995 (707) 226-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483214 FP