

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28224

1. Entity Name

PROFESSIONAL UNDERWRITERS LIABILITY INSURANCE CO

Principal Place of Business

185 GREENWOOD ROAD
NAPA CA 94559
US

Mailing Address

✓ 185 GREENWOOD ROAD
NAPA CA 94558-6270
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

95-4241120

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PUEBLA, MANUEL S	
STREET ADDRESS	185 GREENWOOD RD	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	V	<input type="checkbox"/> Delete
NAME	PUEBLA, MANUEL S.	
STREET ADDRESS	185 GREENWOOD ROAD	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	S	<input type="checkbox"/> Delete
NAME	YACOB, MICHAEL	
STREET ADDRESS	185 GREENWOOD ROAD	
CITY-ST-ZIP	NAPA CA 94559	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, CAHRLES A ESQ	
STREET ADDRESS	185 GREENWOOD RD	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORNEY, MARK, MD	
STREET ADDRESS	185 GREENWOOD ROAD	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCRAE, JOHN A., MD	
STREET ADDRESS	185 GREENWOOD ROAD	
CITY-ST-ZIP	NAPA CA 94558	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2000

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anderson, Richard Elliot, M.D.	
STREET ADDRESS	185 Greenwood Road	
CITY-ST-ZIP	Napa, CA 94558	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Puebla, Manuel S.	
STREET ADDRESS	185 Greenwood Road	
CITY-ST-ZIP	Napa, CA 94558	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yacob, Michael	
STREET ADDRESS	185 Greenwood Road	
CITY-ST-ZIP	Napa, CA 94558	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles, David Michael, M.D.	
STREET ADDRESS	185 Greenwood Road	
CITY-ST-ZIP	Napa, CA 94558	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldman, Jerrald Roger, M.D.	
STREET ADDRESS	185 Greenwood Road	
CITY-ST-ZIP	Napa, CA 94558	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, changed, or on an address, with all other like empowered.

SIGNATURE:

Michael Yacob
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Yacob

April 17, 2000

707-226-0100

Date

Phone Number

FILED
May 24, 2000 8:00 am
Secretary of State

04-26-2000 90056 028 ***150.00

17090



DO NOT WRITE IN THIS SPACE

CITEF034 (02/99)