2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90056 040 ***150.00

0592856

DOCUMENT # P28224

1. Entity Name
PROFESSIONAL UNDERWRITERS LIABILITY INSURANCE CO

817661

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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, 2001 Fee will be $550.00
Make Check Payable to Department of State

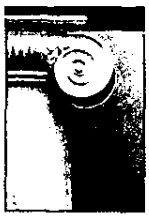
10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PUEBLA, MANUEL S 185 GREENWOOD RD NAPA CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Anderson, Richard Elliot, M.D. 185 Greenwood Road Napa, CA 94558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PUEBLA, MANUEL S. 185 GREENWOOD ROAD NAPA CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Puebla, Manuel S. 185 Greenwood Road Napa, CA 94558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV YACOB, MICHAEL 185 GREENWOOD ROAD NAPA CA 94559	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Yacob, Michael 185 Greenwood Road Napa, CA 94558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, CAHRLES A ESQ 185 GREENWOOD RD NAPA CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles, David Michael, M.D. 185 Greenwood Road Napa, CA 94558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORNEY, MARK, MD 185 GREENWOOD ROAD NAPA CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Goldman, Jerrald Roger, M.D. 185 Greenwood Road Napa, CA 94558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCRAE, JOHN A., MD 185 GREENWOOD ROAD NAPA CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Michael Yacob — Michael Yacob — March 9, 2001 — 707-226-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #



28824
Stamp# 817661

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

PROFESSIONAL UNDERWRITERS
LIABILITY INSURANCE COMPANY

March 5, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2001 Uniform Business Report

Dear Madam or Sir:

In compliance with the filing requirements of the department, please find enclosed, the 2001 Uniform Business Report form and a remittance check in the amount of $150.00 for the 2001 filing fee, for **Professional Underwriters Liability Insurance Company**.

This submission finalizes all reporting requirements that are due by May 1, 2001.

Sincerely,

Steven Brock

Steven Brock
Statutory Filing Administrator

SB
Enclosures