

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90278 050 ***150.00

DOCUMENT # P28224

1. Entity Name

**PROFESSIONAL UNDERWRITERS LIABILITY INSURANCE CO
 MPANY**

Principal Place of Business

**185 GREENWOOD ROAD
 NAPA CA 94559
 US**

Mailing Address

**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

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399-0300**

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, 2002 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	VD PUEBLA, MANUEL S. 185 GREENWOOD ROAD NAPA CA	CHANGE ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SK - S only YACOB, MICHAEL 185 GREENWOOD ROAD NAPA CA 94559	CHANGE ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES O'BRIEN, CHARLES A ESQ 185 GREENWOOD RD NAPA CA	CHANGE ☐ Delete
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 MCRAE, JOHN A, MD 185 GREENWOOD ROAD NAPA CA	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Anderson, Richard Elliot, M.D. 185 Greenwood Road Napa, CA 94558	☐ Change ☒ Addition
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 Goldman, Jerrald Roger, M.D. 185 Greenwood Road Napa, CA 94558	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sheppard, Robert 185 Greenwood Road, Napa, CA 94558	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Will, Douglas 185 Greenwood Road Napa, CA 94558	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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, I am empowered.

SIGNATURE:

SIGNATURE REQUIRED
Doug Will

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2002 707-226-0100

Date

Daytime Phone #

CFR2034 (9/01)