2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2004 90505 001 ***450.00

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FILED

04 MAY 20 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66417792

04222004 Chg-P CR2E034 (10/03)

DOCUMENT # P28224

1. Entity Name
PROFESSIONAL UNDERWRITERS LIABILITY INSURANCE COMPANY

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	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. 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	Vice President Freedman, Stephen 185 Greenwood Road, Napa, CA 94558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PUEBLA, MANUEL S. 185 GREENWOOD ROAD NAPA, CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Charles, David Michael MD 185 Greenwood Road, Napa, CA 94558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S YACOB, MICHAEL 185 GREENWOOD ROAD NAPA, CA 94559	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Goldman, Jerrold Roger MD 185 Greenwood Road, Napa, CA 94558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIAN, CHARLES A ESQ 185 GREENWOOD RD NAPA, CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Troxel, David Burnett MD 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	Trustee Sheppard, Robert Blair MD 185 Greenwood Road, Napa, CA 94558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILL, DOUGLAS 185 GREENWOOD ROAD NAPA, CA 94558	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ April 26, 2004 (707)226-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #