

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90421 005 ***150.00

DOCUMENT # P28224

1. Entity Name
**PROFESSIONAL UNDERWRITERS LIABILITY
INSURANCE COMPANY**



Principal Place of Business
**185 GREENWOOD ROAD
NAPA, CA 94559 US**

Mailing Address
**185 GREENWOOD ROAD
NAPA, CA 94559 US**

40079940



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

95-4241120

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 **V** ☐ Delete
NAME **FREEMAN, STEPHEN**
STREET ADDRESS **185 GREENWOOD RD**
CITY-ST-ZIP **NAPA, CA 94558**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **PREIMESBERGER, DAVIS**
STREET ADDRESS **185 GREENWOOD ROAD**
CITY-ST-ZIP **NAPA, CA 94558**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **TROXEL, DAVID B MD**
STREET ADDRESS **185 GREENWOOD ROAD**
CITY-ST-ZIP **NAPA, CA 94559**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☒ Delete
NAME **GOLDMAN, JERROLD R MD**
STREET ADDRESS **185 GREENWOOD RD**
CITY-ST-ZIP **NAPA, CA 94558**

TITLE **D Charles, David M MD** ☐ Change ☒ Addition
NAME **185 Greenwood Road**
STREET ADDRESS **Napa, CA 94558**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GORNEY, MARK MD**
STREET ADDRESS **185 GREENWOOD ROAD**
CITY-ST-ZIP **NAPA, CA**

TITLE **D** ☐ Change ☒ Addition
NAME **Sheppard, Robert**
STREET ADDRESS **185 Greenwood Road**
CITY-ST-ZIP **Napa, CA 94558**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CBO** ☐ Change ☒ Addition
NAME **Anderson, Richard E MD**
STREET ADDRESS **185 Greenwood Road**
CITY-ST-ZIP **Napa, CA 94558**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

David Preimesberger

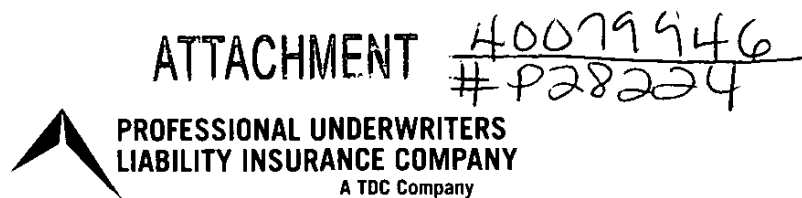
David Preimesberger

4/28/05 707-226-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



VIA FEDERAL EXPRESS

April 28, 2006

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301
Phone 850-245-6056

Re: 2006 Annual Report

Dear Madam or Sir:

In compliance with your filing requirements please find enclosed the completed 2006 Annual Report form and payment in the amount of \$150.00 for **Professional Underwriters Liability Insurance Company**.

This submission finalizes the reporting requirements that are now due.

Sincerely,

Jigna Jariwala
Senior Accountant

JJ
Enclosures