2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90091 010 ***150.00

0658765 AT

DOCUMENT # P28224

1. Entity Name
PROFESSIONAL UNDERWRITERS LIABILITY INSURANCE CO MPANY

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

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	CD ANDERSON, RICHARD ELLIOT M.D. 185 GREENWOOD RD. 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	D CHARLES, DAVID MICHAEL, M.D. 185 GREENWOOD RD. 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	D GOLDMAN, JERRALD ROGER, M.D. 185 GREENWOOD RD. 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	D SHEPPARD, ROBERT 185 GREENWOOD RD. 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		☐ 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

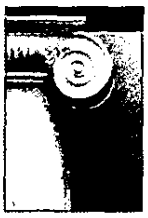
CR2E034 (10/02)

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: SIGNATURE REQUIRED DOUG WILL 4/25/03 (707) 226-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
20039941

PZ8224



PROFESSIONAL UNDERWRITERS
LIABILITY INSURANCE COMPANY

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

April 28, 2003

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

Re: 2003 Uniform Business Report

Dear Madam or Sir:

In compliance with your filing requirements please find enclosed the completed 2003 Uniform Business Report form and payment in the amount of $150.00 for **Professional Underwriters Liability Insurance Company**.

This submission finalizes the reporting requirements that due May 1, 2003.

Sincerely,

Melanie F. Maen

Melanie F. Maen
Statutory Filing Administrator

MFM
Enclosures

185 Greenwood Road, P.O. Box 2900, Napa, CA 94558-0900 | 707/226-0100 | 800/421-2368 | Fax 707/226-0180