

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 24 AM 11:17

**DOCUMENT # 850361 (7)**

1. Corporation Name  
**GROUPAMERICA INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**111 FOUNDERS PLAZA E. HARTFORD CT 06108**      **111 FOUNDERS PLAZA E. HARTFORD CT 06108**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **Foster Plaza VIII** Suite, Apt. #, etc.  
22 **730 Holiday Drive** City & State  
23 **Pittsburgh PA** Zip Country  
24 **15220** 25 **USA** 29 **30**

3. Date Incorporated or Qualified **09/15/1981** 3a. Date of Last Report **11/04/1994**  
4. FEI Number **06-1041332** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, TIMOTHY J	12 NAME	
STREET ADDRESS	710 MAITLAND CT.	13 STREET ADDRESS	
CITY-ST- ZIP	MARS PA 18046	14 CITY- ST- ZIP	
TITLE	VT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUBIT, DENNIS M	22 NAME	
STREET ADDRESS	305 SUTTON PLACE	23 STREET ADDRESS	
CITY- ST- ZIP	WEXFORD PA 15090	24 CITY- ST- ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUITT, GARY R	32 NAME	
STREET ADDRESS	2031 CLARE DR.	33 STREET ADDRESS	
CITY- ST- ZIP	PITTSBURGH PA 15237	34 CITY- ST- ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, CATHERINE L	42 NAME	
STREET ADDRESS	154 McLANAHAN DR.	43 STREET ADDRESS	
CITY- ST- ZIP	BEAVER FALLS PA 15010	44 CITY- ST- ZIP	
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRURY, F. RAYMOND	52 NAME	
STREET ADDRESS	1624 CHESTNUT RIDGE	53 STREET ADDRESS	
CITY- ST- ZIP	PITTSBURGH PA 15205	54 CITY- ST- ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSI, EUGENE A	62 NAME	
STREET ADDRESS	700 PENN ST.	63 STREET ADDRESS	
CITY- ST- ZIP	PITTSBURGH PA 15215	64 CITY- ST- ZIP	

14. I am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis M. Kubit* 2/15/95 (800) 328-5433  
Dennis M. Kubit Vice-President/Treasurer