

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2009
Secretary of State

DOCUMENT# F04000002862

Entity Name: PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA CORPORATION

Current Principal Place of Business:

2600 SOUTH RIVER ROAD
DES PLAINES, IL 60018

New Principal Place of Business:

Current Mailing Address:

2600 SOUTH RIVER ROAD
DES PLAINES, IL 60018

New Mailing Address:

FEI Number: 20-0487810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STANDER, WILLIAM H
215 S MONROE STREET SUITE 815
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

STANDER, WILLIAM H
215 S MONROE STREET
SUITE 830
TALLAHASSEE, FL 32302 US

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: _____

07/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SAMPSON, DAVID
Address: 2600 SOUTH RIVER ROAD
City-St-Zip: DES PLAINES, IL 600183286

Title: C () Delete
Name: JOYCE, ROBERT
Address: 1 PARK CIRCLE
City-St-Zip: WESTFIELD CENTER, OH 442515001

Title: S () Delete
Name: SPRAGENS, ANN
Address: 2600 SOUTH RIVER ROAD
City-St-Zip: DES PLAINES, IL 60018

Title: T () Delete
Name: HOLMES, JUNE
Address: 2600 SOUTH RIVER ROAD
City-St-Zip: DES PLAINES, IL 60018

Title: VC () Delete
Name: BLACKBURN, JOHN D
Address: 1701 N. TOWANDA AVE.
City-St-Zip: BLOOMINGTON, IL 617012090

Title: VC () Delete
Name: ABRAHAM, JANICE M
Address: TWO WISCONSIN CIRCLE 4TH FLOOR
City-St-Zip: CHEVY CHASE, MD 208159913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE T. HOLMES

T

07/22/2009

Electronic Signature of Signing Officer or Director

Date