2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002862

FILED Mar 09, 2011 Secretary of State

Entity Name: PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA CORPORATION

Current Principal Place of Business: New Principal Place of Business:

2600 SOUTH RIVER ROAD DES PLAINES, IL 60018

Current Mailing Address: New Mailing Address:

2600 SOUTH RIVER ROAD DES PLAINES, IL 60018

FEI Number: 20-0487810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO

 Name:
 SAMPSON, DAVID

 Address:
 2600 SOUTH RIVER ROAD

 City-St-Zip:
 DES PLAINES, IL 600183286

Title: VC

Name: MICHAEL, JONATHAN E Address: 9025 NORTH LINDBERGH DRIVE

City-St-Zip: PEORIA, IL 61615

Title: S

 Name:
 SPRAGENS, ANN

 Address:
 2600 SOUTH RIVER ROAD

 City-St-Zip:
 DES PLAINES, IL 60018

Title: T

Name: HOLMES, JUNE

Address: 2600 SOUTH RIVER ROAD City-St-Zip: DES PLAINES, IL 60018

Title: 0

Name: DIMUCCIO, ROBERT A Address: 100 AMICA WAY City-St-Zip: LINCOLN, RI 02865

Title: VC

Name: SOUTHWELL, DONALD G

Address: 1 EAST WACKER DRIVE 10TH FLOOR

City-St-Zip: CHICAGO, IL 60601

I hereby 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 all other like empowered.

SIGNATURE: JUNE HOLMES T 03/09/2011