

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 23, 2011  
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 ( )

**Name and Address of Current Registered Agent:**STANDER, WILLIAM H  
215 S MONROE STREET  
SUITE 830  
TALLAHASSEE, FL 32302 US**Name and Address of New Registered Agent:**KABITZKE, MONIQUE  
215 S MONROE STREET  
SUITE 720  
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: MONIQUE KABITZKE

08/23/2011

\_\_\_\_\_  
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 USTitle: VC  
Name: MICHAEL, JONATHAN E  
Address: 9025 NORTH LINDBERGH DRIVE  
City-St-Zip: PEORIA, IL 61615 USTitle: S  
Name: CIGELNIK, RANDI  
Address: 2600 SOUTH RIVER ROAD  
City-St-Zip: DES PLAINES, IL 60018 USTitle: T  
Name: HOLMES, JUNE  
Address: 2600 SOUTH RIVER ROAD  
City-St-Zip: DES PLAINES, IL 60018 USTitle: C  
Name: DIMUCCIO, ROBERT A  
Address: 100 AMICA WAY  
City-St-Zip: LINCOLN, RI 02865 USTitle: 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

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08/23/2011

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Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date