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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04666
 1. Corporation Name
MEDAMERICA INSURANCE COMPANY



Principal Place of Business 894 INTERNATIONAL DRIVE SUITE 184 LINTHICUM MD 21090 US	Mailing Address P.O. BOX 398 LINTHICUM MD 21090 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 651 Holiday Dr., Suite 300 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 41930 Suite, Apt. #, etc.
22 Foster Plaza Bldg 5 City & State	27 City & State
23 Pittsburgh, PA Zip Country	28 Rochester, NY Zip Country
24 15220-2740 25 USA	29 14604-0620 30 USA

3. Date Incorporated or Qualified 01/16/1985	Applied For Not Applicable
4. FEI Number 34-0977231	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THE FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	C	
NAME	HEILIGMAN, DAVID C	
STREET ADDRESS	7 SUGARBUSH LANE	
CITY-ST-ZIP	PITTSFORD NY	
TITLE	OPD	
NAME	KLEIN, DAVID H	
STREET ADDRESS	5 REITZ PKWY	
CITY-ST-ZIP	PITTSFORD NY	
TITLE	S	
NAME	COX, RALPH W	
STREET ADDRESS	18 CAYWOOD CIRCLE	
CITY-ST-ZIP	FAIRPORT NY	
TITLE	TD	
NAME	DUDA, EMIL D	
STREET ADDRESS	11 WOODHAVEN DRIVE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	V	
NAME	MORRIS LEVENE	
STREET ADDRESS	141 TREVOR COURT RD	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	M	
NAME	NAYLON, WILLIAM L.	
STREET ADDRESS	517 BRIXTON TRAIL	
CITY-ST-ZIP	WEBSTER NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: William L. Naylon **WILLIAM L. NAYLON** 1/29/99 410-684-3200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)