

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90043 006 \*\*\*150.00

**DOCUMENT # P04666**

1. Entity Name

**MEDAMERICA INSURANCE COMPANY**

Principal Place of Business

Mailing Address

657 HOLIDAY DR. SUITE 300  
 FOSTER PLAZA BLDG 5  
 PITTSBURGH PA 15220-2740  
 US

PO BOX 41930  
 ROCHESTER NY 14604-4930  
 US

C0025495



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

651 Holiday Drive, Suite 300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Foster Plaza Bldg 5

City & State

City & State

Pittsburgh, PA

4. FEI Number

34-0977231

Applied For

Not Applicable

Zip

Country

Zip

Country

15220-2740

USA

14604-0620

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	CHAIRMAN OF THE BOARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN G. DOYLE	
STREET ADDRESS	4 KNOWWOOD DRIVE	
CITY-ST-ZIP	ROCHESTER, N.Y. 14619	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER DEAN PERNA	
STREET ADDRESS	5 KINGSFORD DRIVE	
CITY-ST-ZIP	PITTSFORD, N.Y. 14534	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL LYNETTE BUSH	
STREET ADDRESS	5527 BARBER HILL ROAD	
CITY-ST-ZIP	GENESEO N.Y. 14454	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William L. Naylor*

William L. Naylor 2-28-99 716-238-4456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #