


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P04666
 1. Entity Name
MEDAMERICA INSURANCE COMPANY



Principal Place of Business
**651 HOLIDAY DRIVE SUITE 300
 FOSTER PLAZA BLDG 5
 PITTSBURGH, PA 15220-2740 US**

Mailing Address
**PO BOX 41930
 ROCHESTER, NY 14604-0620 US**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
34-0977231

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

**DO NOT WRITE
 IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COB KURNATH, JOSEPH MD 6 CRANSWICK LN. ROCHESTER, NY 14618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PERNA, CHRISTOPHER D 5 KINGSFORD DRIVE PITTSFORD, NY 14534 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COX, RALPH W 18 CAYWOOD CIRCLE FAIRPORT, NY 14450 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DUDA, EMIL D 23 OLD WESTFALL DR ROCHESTER, NY 14610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BUSH, CHERYL L 5527 BARBER HILL ROAD GENESEO, NY 14454 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPI NAYLON, WILLIAM L. 517 BRIXTON TRAIL WEBSTER, NY 14580 |

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 01/22/04-80008-008 150.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/12/04 (585) 399-6644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #