


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04666</b> 1. Entity Name <b>MEDAMERICA INSURANCE COMPANY</b>	
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Principal Place of Business <b>651 HOLIDAY DRIVE SUITE 300 FOSTER PLAZA BLDG 5 PITTSBURGH, PA 15220-2740 US</b>	Mailing Address <b>PO BOX 41930 ROCHESTER, NY 14604-0620 US</b>
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**DO NOT WRITE IN THIS SPACE**

01262005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>34-0977231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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, 2005 Fee will be \$550.00**

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

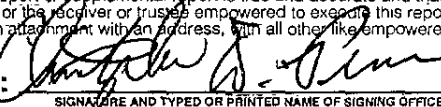
**U000000230469  
02/15/05-80041-014 150.00**

**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	VPFI NAYLON, WILLIAM L. 517 BRIXTON TRAIL WEBSTER, NY 14580

**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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **Christopher D. Perna** 2/15/05 (585) 399-6689  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #