

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04666 1. Entity Name MEDAMERICA INSURANCE COMPANY	
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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
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01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-0977231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

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

U00000230469
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 KINGSFORDD 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 GENESE0, 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 #