2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State **DOCUMENT #822259** 1. Entity Name YOSEMITE INSURANCE COMPANY 03-21-2000 90100 006 ***150.00 Principal Place of Business Mailing Address 601 N.W. SECOND ST 601 N.W. SECOND ST **EVANSVILLE IN 47708 EVANSVILLE IN 47708-1013** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-1590201 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) CAPITOL BUILDING TALLAHASSEE FL 32304 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PDCE** TITLE ☐ Delete TITLE Change ☐ Addition GEISSINGER, FREDERICK W NAME NAME 601 NW 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EVANSVILLE IN** X Addition Delete TITLE Change TITLE Jeffrey M. Boszor 601 NW and St. NEWTON: JON P. NAME NAME 2929 ALLEN PARKWAY STREET ADDRESS STREET ADDRESS **HOUSTON TX 77019** CITY-ST-ZIP Evansville, IN CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE HANLEY, PHILIP M. NAME NAME STREET ADDRESS 601 NW SECOND STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **EVANSVILLE IN** AS ☐ Change 💢 Addition 🔀 Delete TITLE Ron DiGiacomo DEIG. MARY R. NAME 601 NW 2ND ST. STREET ADDRESS 601 NW and St STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-EVANSVILLE IN 47708 47708 Evansville, IN VD X Addition ☐ Change 🗶 Delete TITLE Stephen L. Blake 601 NW and St. KLAHOLZ, LARRY R. NAME NAME 601 NW SECOND STREET STREET ADDRESS STREET ADDRESS Evansville, IN CITY-ST-ZIP EVANSVILLE IN CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE HENDRIX, BENNIE D NAME NAME STREET ADDRESS 601 N.W. 2ND ST. STREET ADDRESS CITY-ST-ZIP **EVANSVILLE IN** CITY-ST-ZIP 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 (ke empowered.)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

812.468.5661