CORPORATION
ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR -3 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J46788 (2)

1. Corporation Name
~~ASSOCIATION EMPLOYERS INSURANCE COMPANY~~
PCA Property and Casualty Insurance Company

900001448509
-04/06/95--01002--018
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
260 WEKIVA SPGS.RD. P.O.BOX 161629 LONGWOOD FL 32779	260 WEKIVA SPGS.RD. P.O.BOX 161629 LONGWOOD FL 32779

3. Date Incorporated or Qualified: 12/12/1986
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2751095 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HILL, EUGENE G.
260 WEKIVA SPGS.RD.
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DSC	11 TITLE	P/D	☒ Change ☐ Addition
NAME	HILL, EUGENE G.	12 NAME	HILL, EUGENE G.	
STREET ADDRESS	23706 OAK VALLEY LANE	13 STREET ADDRESS	24037 WOLF BRANCH RD.	
CITY-ST-ZIP	SORENTO FL	14 CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE	T	21 TITLE	COO	☒ Change ☐ Addition
NAME	LERNER, RICHARD V.	22 NAME	SMITH, BOBBY R.	
STREET ADDRESS	596 MOURNING DOVE CIR	23 STREET ADDRESS	1306 RICHMOND RD.	
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	DP	31 TITLE	ASST. T.	☐ Change ☒ Addition
NAME	SMITH, BOBBY R.	32 NAME	WILLIS, DAVID L.	
STREET ADDRESS	1306 RICHMOND ROAD	33 STREET ADDRESS	1461 RIVIERA DR.	
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	VD	41 TITLE	CFO/D	☐ Change ☒ Addition
NAME	KRAUSER, DAVID	42 NAME	RODNEY P. SPENCER	
STREET ADDRESS	2164 TURKEY RUN	43 STREET ADDRESS	13720 SW 105 AVENUE	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DAS	51 TITLE	T/D	☐ Change ☒ Addition
NAME	JASMUND, DAVID	52 NAME	CLIFFORD W. DONNELLY	
STREET ADDRESS	916 SEVILLE PLACE	53 STREET ADDRESS	13071 MAR STREET	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	CORAL GABLES, FL 33126	
TITLE		61 TITLE	S	☐ Change ☒ Addition
NAME		62 NAME	JOHN A. HAGEMAN	
STREET ADDRESS		63 STREET ADDRESS	1031 SANDALWOOD LANE	
CITY-ST-ZIP		64 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	

4/3/95 MB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Eugene G. Hill 3/29/95 407/788-1717
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

004807 CP