


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90094 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J46788

1. Corporation Name

PCA PROPERTY & CASUALTY INSURANCE COMPANY

Principal Place of Business

Mailing Address

500 WEST MAIN ST
P.O. BOX 161829
LOUISVILLE KY 40202
US

P. O. BOX 740026
TAX DEPT
LOUISVILLE KY 40201-7426
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLASTIC, NANCY A
260 WEKIVA SPGS. RD.
LONGWOOD FL 32779

THE REGISTERED AGENT HAS BEEN CHANGED TO:
CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

81. Name

Street Address (P.O. Box Number is Not Acceptable)

84. City

FL

85. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	MARK, OLSON D	
STREET ADDRESS	2326 SPICEWOOD CT	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KILISSANLY, PETER E	
STREET ADDRESS	4805 LAKE RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILLIS, DAVID	
STREET ADDRESS	1461 RIVIERA DR.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BLASTIC, NANCY A	
STREET ADDRESS	658 ANDOVER CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, GLEN R	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOLF, GREGORY H.	
STREET ADDRESS	500 W. MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BAUERNFEIND, GEORGE	
1.3 STREET ADDRESS	500 W MAIN ST	
1.4 CITY-ST-ZIP	LOUISVILLE, KY 40202	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LENANAN, JOAN	
2.3 STREET ADDRESS	SAME	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Bauernfeind VP-TAX

4-29-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0523890