2000 UNIFORM BUSINESS REPORT (UBR)

Jul 05, 2000 8:00 am DOCUMENT # J46788 **Secretary of State** 1. Entity Name 06-08-2000 90008 034 ***150.00 PCA PROPERTY & CASUALTY INSURANCE COMPANY Principal Place of Business Mailing Address PO BOX 740026 LOUISVILLE KY 40201-7426 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2751095 Not Applicable Country Zip Country \$5.00 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST TALLAHASSE, FL 32301 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 Signatura, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9 Delete X Change IIILE TITLE PRES. & CEO MICHEAL B. McCALLISTER NAME NAME 500 W MAIN ST STREET ADDRESS STREET ADORESS CITY - ST - ZIP LOUISVILLE, 40202 CITY - ST - ZIP Delete TITLE TITLE NAME NAME GEORGE G. BAUERNFEIND STREET ADDRESS STREET ADDRESS 500W MAIN LOUKY 40203 CITY - ST - ZIP CITY - ST - ZIP TILE Delete TITLE Change SECRETARY NAME NAME JOAN LENAHAN 500WMAIN STREET ADDRESS STREET ADDRESS 41208 CITY-ST-ZIP-CITY - ST - ZIP -SENOIR VP Delete TITLE X Change me NAME KENNETH J. FASOLA NAME SAME 500 W MAIN STREET ADDRESS STREET ADDRESS LOUKY CITY - ST - ZIP CITY - ST - ZIP Delete TITLE VP & TREASURER TITLE BRETT J. MCINTYRE NAME NAME 500 W MAIN STREET ADDRESS SAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CFO TITLE Delete TITLE NAME JAMES E. MURRAY NAME STREET ADDRESS STREET ADDRESS SAME 500 WMAIN CITY - ST - ZIP CITY - ST - ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: C GEORGE G. BAUERNFEIND (502) 580-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #

STF FL32519F.1