

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J46788**

1. Entity Name

PCA PROPERTY & CASUALTY INSURANCE COMPANY**FILED****01 MAY -1 PM 3:52****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

PO BOX 740026
LOUISVILLE KY 40201-7426PO BOX 740026
LOUISVILLE KY 40201-7426

2. Principal Place of Business

260 Wekiva Springs Road

3. Mailing Address

P.O. Box 914700

Suite, Apt. #, etc.

Longwood, FL

Suite, Apt. #, etc.

Longwood, FL

City & State

32779

City & State

32791

Zip

Country

Zip

Country

4. FEI Number

59-2751095

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
121 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

400004134714--0

-05/11/01--01006--022

City

****150.00 FL ****150.00
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)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PCEO ☒ Delete
NAME MCCALLISTER, MICHAEL B
STREET ADDRESS 500 W MAIN ST
CITY-ST-ZIP LOUISVILLE KY 40202TITLE VP ☒ Delete
NAME BAUERNFEIND, GEORGE G
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40202TITLE S ☒ Delete
NAME LENAHA, JOAN
STREET ADDRESS 500 W MAIN
CITY-ST-ZIP LOUISVILLE KY 40202TITLE SVP ☒ Delete
NAME FASOLA, KENNETH J
STREET ADDRESS 500 W MAIN
CITY-ST-ZIP LOUISVILLE KY 40202TITLE VPT ☒ Delete
NAME MCINTYRE, BRETT J
STREET ADDRESS 500 W MAIN
CITY-ST-ZIP LOUISVILLE KY 40202TITLE CFO ☒ Delete
NAME MURRAY, JAMES E
STREET ADDRESS 500 W MAIN
CITY-ST-ZIP LOUISVILLE KY 40202

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☒ Change ☐ Addition
NAME Fass, Steven E.
STREET ADDRESS One Liberty Plaza, 19th Floor
CITY-ST-ZIP New York, NY 10006-1404TITLE VD ☒ Change ☐ Addition
NAME McGoldrick, Robert F.
STREET ADDRESS One Liberty Plaza, 19th Floor
CITY-ST-ZIP New York, New YorkTITLE VD ☒ Change ☐ Addition
NAME Dell, Helen
STREET ADDRESS One Liberty Plaza, 19th Floor
CITY-ST-ZIP New York, New York 10006-1404TITLE P ☒ Change ☐ Addition
NAME Tyburski, Michael
STREET ADDRESS One Liberty Plaza, 19th Floor
CITY-ST-ZIP New York, New York 10006-1404TITLE VDS ☒ Change ☐ Addition
NAME Emeigh, Donald A.
STREET ADDRESS One Liberty Plaza, 19th Floor
CITY-ST-ZIP New York, New York 10006-1404TITLE V ☒ Change ☐ Addition
NAME Trace, Warren J.
STREET ADDRESS One Liberty Plaza, 19th Floor
CITY-ST-ZIP New York, New York 10006-1404

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. PAYNE MAY 1 - 2001

Steven E. Fass 04/30/01 (212) 312-3401

Date

Daytime Phone #

CR2E034 (10/00)

0584804