

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90080 032 ***150.00

DOCUMENT # P04666

1. Corporation Name

MEDAMERICA INSURANCE COMPANY

Principal Place of Business

894 INTERNATIONAL DRIVE
SUITE 184
LINTHICUM MD 21090
US

Mailing Address

P.O. BOX 398
LINTHICUM MD 21090
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1985

4. FEI Number

34-0977231

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

21 651 Holiday Dr., Suite 300

Suite, Apt. #, etc.

22 Foster Plaza Bldg 5

City & State

23 Pittsburgh, PA

Zip

Country

24 15220-2740

25

USA

2a. Mailing Address

26 P.O. Box 41930

Suite, Apt. #, etc.

27 City & State

28 Rochester, NY

Zip

Country

29 14604-0620

30

USA

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

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 C ☐ DELETE

NAME HEILIGMAN, DAVID C
STREET ADDRESS 7 SUGARBUSH LANE
CITY-ST-ZIP PITTSFORD NY

TITLE OPD ☐ DELETE

NAME KLEIN, DAVID H
STREET ADDRESS 5 REITZ PKWY
CITY-ST-ZIP PITTSFORD NY

TITLE S ☐ DELETE

NAME COX, RALPH W
STREET ADDRESS 18 CAYWOOD CIRCLE
CITY-ST-ZIP FAIRPORT NY

TITLE TD ☐ DELETE

NAME DUDA, EMIL D
STREET ADDRESS 11 WOODHAVEN DRIVE
CITY-ST-ZIP ROCHESTER NY

TITLE V ☐ DELETE

NAME MORRIS LEVENE
STREET ADDRESS 141 TREVOR COURT RD
CITY-ST-ZIP ROCHESTER NY

TITLE M ☐ DELETE

NAME NAYLON, WILLIAM L.
STREET ADDRESS 517 BRIXTON TRAIL
CITY-ST-ZIP WEBSTER NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

WILLIAM L. NAYLON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 410-684-3200
Date Daytime Phone #

CR2E034 (11/98)

0647413