

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90043 006 ***150.00

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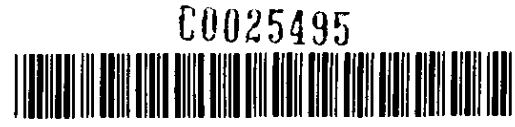
1. Entity Name
MEDAMERICA INSURANCE COMPANY

Principal Place of Business
657 HOLIDAY DR. SUITE 300
FOSTER PLAZA BLDG 5
PITTSBURGH PA 15220-2740
US

Mailing Address
PO BOX 41930
ROCHESTER NY 14604-4930
US

2. Principal Place of Business
651 Holiday Drive, Suite 300
 Suite, Apt. #, etc.
Foster Plaza Bldg 5
 City & State
Pittsburgh, PA
 Zip
15220-2740 Country
USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
14604-0620 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **34-0977231**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	CHAIRMAN OF THE BOARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILIGMAN, DAVID C		NAME	JOHN G. DOYLE	
STREET ADDRESS	7 SUGARBUSH LANE		STREET ADDRESS	4 KNOLLWOOD DRIVE	
CITY-ST-ZIP	PITTSFORD NY		CITY-ST-ZIP	ROCHESTER, N.Y. 14618	
TITLE	OPD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, DAVID H		NAME	CHRISTOPHER DEAN PERNA	
STREET ADDRESS	5 REITZ PKWY		STREET ADDRESS	5 KINGSFORD DRIVE	
CITY-ST-ZIP	PITTSFORD NY		CITY-ST-ZIP	PITTSFORD, N.Y. 14534	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, RALPH W		NAME		
STREET ADDRESS	18 CAYWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FAIRPORT NY		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDA, EMIL D		NAME		
STREET ADDRESS	11 WOODHAVEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS LEVENE		NAME	CHERYL LYNETTE BUSH	
STREET ADDRESS	141 TREVOR COURT RD		STREET ADDRESS	5527 BARBER HILL ROAD	
CITY-ST-ZIP	ROCHESTER NY		CITY-ST-ZIP	GENESEO N.Y. 14454	
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYLON, WILLIAM L		NAME		
STREET ADDRESS	517 BRIXTON TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WEBSTER NY		CITY-ST-ZIP		

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: William L. Naylor **William L. Naylor** 2-28-99 716-238-4456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)