

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04666

1. Entity Name
MEDAMERICA INSURANCE COMPANY

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90049 005 ***150.00

Principal Place of Business
**651 HOLIDAY DRIVE SUITE 300
FOSTER PLAZA BLDG 5
PITTSBURGH PA 15220-2740
US**

Mailing Address
**PO BOX 41930
ROCHESTER NY 14604-0620
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-0977231**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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

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 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** ☒ Delete
NAME **DOYLE, JOHN G**
STREET ADDRESS **4 KNOLLWOOD DRIVE**
CITY-ST-ZIP **ROCHESTER NY 14618**

TITLE **C** ☒ Change ☐ Addition
NAME **Paul Speranza**
STREET ADDRESS **45 Grosvenor Road**
CITY-ST-ZIP **Rochester, NY 14610**

TITLE **PD** ☐ Delete
NAME **PERNA, CHRISTOPHER D**
STREET ADDRESS **5 KINGSFORD DRIVE**
CITY-ST-ZIP **PITTSFORD NY 14534**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **COX, RALPH W**
STREET ADDRESS **18 CAYWOOD CIRCLE**
CITY-ST-ZIP **FAIRPORT NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **DUDA, EMIL D**
STREET ADDRESS **11 WOODHAVEN DRIVE**
CITY-ST-ZIP **ROCHESTER NY**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **23 Old Westfall Drive**
CITY-ST-ZIP **Rochester, NY 14625**

TITLE **VP** ☐ Delete
NAME **BUSH, CHERYL L**
STREET ADDRESS **5527 BARBER HILL ROAD**
CITY-ST-ZIP **GENESEO NY 14454**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** ☐ Delete
NAME **NAYLON, WILLIAM L.**
STREET ADDRESS **517 BRIXTON TRAIL**
CITY-ST-ZIP **WEBSTER NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Nylon
William L. Nylon

Date

Daytime Phone #

716-238-4486

CR2E034 (10/00)