5/1

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-13-2002 90082 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04666

1. Entity Name: MedAmerica Insurance Company

[redacted]

DO NOT WRITE IN THIS SPACE

91072

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
651 Holiday Dr. Suite 200	P.O. Box 41930
Suite, Apt. #, etc.: Foster Plaza Bldg. 5	Suite, Apt. #, etc.
City & State: Pittsburgh PA	City & State: Rochester NY
Zip: 15220-2740 Country: USA	Zip: 14604-0620 Country: USA

4. FEI Number: 34-0977231 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

City: Plantation FL Zip Code: 33324

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] MARCEY L. SMITH 5-29-02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	Christopher D. Perna
STREET ADDRESS	5 Kingsford Drive
CITY-ST-ZIP	Pittsford, NY 14534
TITLE	S
NAME	Ralph W Cox
STREET ADDRESS	18 Caywood Circle
CITY-ST-ZIP	Fairport, NY 14450
TITLE	TD
NAME	Emil D. Duda
STREET ADDRESS	23 Old Westfall Drive
CITY-ST-ZIP	Rochester, NY 14625
TITLE	M
NAME	William L. Naylon
STREET ADDRESS	517 Brixton Trail
CITY-ST-ZIP	Webster, NY 14580
TITLE	V
NAME	Cheryl Buck
STREET ADDRESS	5527 Barber Hill Road
CITY-ST-ZIP	Geneseo, NY 14454
TITLE	V
NAME	William E. Jones, Jr.
STREET ADDRESS	3552 West Lake Road
CITY-ST-ZIP	Canandaigua, NY 14424

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/02 (585) 238-4452

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