


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04666	
1. Entity Name MEDAMERICA INSURANCE COMPANY	

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
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-0977231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB KURNATH, JOSEPH MD 6 CRANSWICK LN. ROCHESTER, NY 14618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PERNA, CHRISTOPHER D 5 KINGSFORD DRIVE PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COX, RALPH W 18 CAYWOOD CIRCLE FAIRPORT, NY 14450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DUDA, EMIL D 23 OLD WESTFALL DR ROCHESTER, NY 14610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BUSH, CHERYL L 5527 BARBER HILL ROAD GENESEO, NY 14454
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPE NAYLON, WILLIAM L. 517 BRIXTON TRAIL WEBSTER, NY 14580

1100000389549
01/20/06-80055-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher D. Perna Christopher D. Perna 1/9/06 (515) 399-6641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #