

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90113 024 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-0977231**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORTATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SPERANZA, PAUL	
STREET ADDRESS	45 GROSVENOR RD	
CITY-ST-ZIP	ROCHESTER NY 14610	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PERNA, CHRISTOPHER D	
STREET ADDRESS	5 KINGSFORD DRIVE	
CITY-ST-ZIP	PITTSFORD NY 14534	
TITLE	S	<input type="checkbox"/> Delete
NAME	COX, RALPH W	
STREET ADDRESS	18 CAYWOOD CIRCLE	
CITY-ST-ZIP	FAIRPORT NY	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUDA, EMIL D	
STREET ADDRESS	23 OLD WESTFALL DR	
CITY-ST-ZIP	ROCHESTER NY 14625	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUSH, CHERYL L	
STREET ADDRESS	5527 BARBER HILL ROAD	
CITY-ST-ZIP	GENESEO NY 14454	
TITLE	M	<input type="checkbox"/> Delete
NAME	NAYLON, WILLIAM L.	
STREET ADDRESS	517 BRIXTON TRAIL	
CITY-ST-ZIP	WEBSTER NY	

TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Kuernath, MD	
STREET ADDRESS	6 Cranwick Lane	
CITY-ST-ZIP	Rochester, NY 14618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Fairport, NY 14450	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Rochester, NY 14610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP Finance + Capital Markets	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Webster, NY 14580	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William L. Nylon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(585) 238-4456

CR2E034 (10/02)

ATTACHMENT

90029709

2003 For Profit Corporation Uniform Business Report
MedAmerica Insurance Company

P04666

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/>	
NAME:		NAME: William E. Jones, Jr.	
TITLE:		TITLE: Vice President, Sales	
ADDRESS:		ADDRESS: 165 Court Street	
CITY/ST/ZIP:		CITY/ST/ZIP: Rochester, NY 14647	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: Mary Alice Bellardini	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: 30 North Main Street	
CITY/ST/ZIP:		CITY/ST/ZIP: Homer, NY 13077	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: Howard J. Berman	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: 165 Court Street	
CITY/ST/ZIP:		CITY/ST/ZIP: Rochester, NY 14647	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: Thomas S. Coughlin	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: RR 1, Box 3076	
CITY/ST/ZIP:		CITY/ST/ZIP: Brackney NY 14610	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: John G. Doyle, Jr.	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: The Doyle Group 1806 East Avenue	
CITY/ST/ZIP:		CITY/ST/ZIP: Rochester, NY 14610	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: Daniel S. Fuleihan, M.D.	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: New York Heart Center 1000 East Genesee Street	
CITY/ST/ZIP:		CITY/ST/ZIP: Syracuse, NY 13210	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: David T. Griffith	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: 555 French Road	
CITY/ST/ZIP:		CITY/ST/ZIP: New Hartford, NY 13413	

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Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: Kirk B. Hinman	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: Rome Strip Steel PO Box 189	
CITY/ST/ZIP:		CITY/ST/ZIP: Rome, NY 13440	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: William A. Johnson, Jr.	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: City Hall, Room 307-A 30 Church Street	
CITY/ST/ZIP:		CITY/ST/ZIP: Rochester, NY 14614-1284	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: Bertha Skinner Laury	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: 394 Minnesota Avenue	
CITY/ST/ZIP:		CITY/ST/ZIP: Buffalo, NY 14215	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: James L. Magavern	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: Magavern, Magavern & Grimm 1100 Rand Building 14 Lafayette Square	
CITY/ST/ZIP:		CITY/ST/ZIP: Buffalo, NY 14203	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: Thomas L. Mahoney, MD	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: 3875 East Henrietta Road	
CITY/ST/ZIP:		CITY/ST/ZIP: Henrietta, NY 14467	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: Geraldine C. Ochocinska	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: 4285 Genesee Street	
CITY/ST/ZIP:		CITY/ST/ZIP: Buffalo, NY 14225	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	
NAME:		NAME: Carol Raphael	
TITLE:		TITLE:	
ADDRESS:		ADDRESS: 107 East 70 th Street	
CITY/ST/ZIP:		CITY/ST/ZIP: New York, NY 10021	

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NAME: _____		NAME: David DeWitt Reh	
TITLE: _____		TITLE: _____	
ADDRESS: _____		ADDRESS: The Raytec Group 600 Fishers Run	
CITY/ST/ZIP: _____		CITY/ST/ZIP: Fishers, NY 14453	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
NAME: _____		NAME: Reinhold W. Samson	
TITLE: _____		TITLE: _____	
ADDRESS: _____		ADDRESS: NYS United Teachers 30 N. Union Street, Suite 302	
CITY/ST/ZIP: _____		CITY/ST/ZIP: Rochester, NY 14607	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
NAME: _____		NAME: E. Philip Saunders	
TITLE: _____		TITLE: _____	
ADDRESS: _____		ADDRESS: Griffith Energy 760 Brooks Avenue	
CITY/ST/ZIP: _____		CITY/ST/ZIP: Rochester, NY 14619	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
NAME: _____		NAME: Casper Sedgwick	
TITLE: _____		TITLE: _____	
ADDRESS: _____		ADDRESS: 7553 Hunt Lane	
CITY/ST/ZIP: _____		CITY/ST/ZIP: Fayetteville, NY 13066	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
NAME: _____		NAME: Mary Ann Shaw	
TITLE: _____		TITLE: _____	
ADDRESS: _____		ADDRESS: Office of the Chancellor 300 Tolley Administration Bldg.	
CITY/ST/ZIP: _____		CITY/ST/ZIP: Syracuse, NY 13244	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
NAME: _____		NAME: Albert J. Simone	
TITLE: _____		TITLE: _____	
ADDRESS: _____		ADDRESS: Office of the President Rochester Institute of Technology Two Lomb Memorial Drive	
CITY/ST/ZIP: _____		CITY/ST/ZIP: Rochester, NY 14623-5604	

<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
NAME: _____		NAME: William F. Streck, MD	
TITLE: _____		TITLE: _____	
ADDRESS: _____		ADDRESS: Bassett Healthcare 1 Atwell Road	
CITY/ST/ZIP: _____		CITY/ST/ZIP: Copperstown, NY 13326	

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<input type="checkbox"/> No Change	<input type="checkbox"/> Remove	<input checked="" type="checkbox"/> Additions	<input type="checkbox"/> Changes
NAME: TITLE: ADDRESS: CITY/ST/ZIP:		NAME: William E. Whitehill, Jr. TITLE: ADDRESS: Box 188A, Rider Road CITY/ST/ZIP: Clayville, NY 13322	
Officer <input type="checkbox"/> Director <input type="checkbox"/>		Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/>	

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