

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000040407

FILED
Jan 06, 2012
Secretary of State

Entity Name: MEDAMERICA INSURANCE COMPANY OF FLORIDA

Current Principal Place of Business:

1800 PEMBROOK DRIVE
SUITE 300
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

1800 PEMBROOK DRIVE
SUITE 300
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 14-1993330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER NANCIAL SERVICES
P O BOX 6200 (3214-6200)
200 E GAINES ST
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: SLOAN, STEPHEN
Address: 35 THOMAS GROVE
City-St-Zip: PITTSFORD, NY 14534

Title: VP
Name: NAYLON, WILLIAM L
Address: 1596 LAKE ROAD
City-St-Zip: WEBSTER, NY 14580

Title: P
Name: JONES, WILLIAM E JR
Address: 3552 WEST LAKE RD
City-St-Zip: CANANDAIGUA, NY 14421

Title: VP
Name: SMITH BUSH, CHERYL L
Address: 5527 BARBER HILL ROAD
City-St-Zip: GENESEO, NY 14454

Title: C
Name: DOYLE, JOHN G JR
Address: 4 KNOLLWOOD DRIVE
City-St-Zip: ROCHESTER, NY 14618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E, JONES, JR

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01/06/2012

Electronic Signature of Signing Officer or Director

Date