

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14630 (8)
1. Corporation Name
VOYAGER PROPERTY AND CASUALTY INSURANCE COMPANY



Principal Place of Business
204 LAWAND DRIVE
9TH FLR
COLUMBIA SC 29210
US

Mailing Address
110 W 7TH ST
9TH FLR
FT WORTH TX 76102-7032
US

3. Date Incorporated or Qualified
05/28/1987

3a. Date of Last Report
01/29/1996

4. FEI Number
57-0665589

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399-7300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDCE Director Only <input type="checkbox"/> DELETE	1.1 TITLE	DCEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GASTON, GERALD N	1.2 NAME	Williams, Stephen T.
STREET ADDRESS	11222 QUAIL ROOST DR	1.3 STREET ADDRESS	11222 Quail Roost Dr.
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL 33157
TITLE	DPC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DPCOO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, EUGENE E	2.2 NAME	Gambero, Darrell J.
STREET ADDRESS	11222 QUAIL ROOST DR	2.3 STREET ADDRESS	110 W. Seventh St.
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Fort Worth, TX 76102
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, LEONARDO F.	3.2 NAME	Heggen, Arthur W.
STREET ADDRESS	11222 QUAIL ROOST DRIVE	3.3 STREET ADDRESS	11222 Quail Roost Dr.
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Miami, FL 33157
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, JAY R	4.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONDON, R KIRK	5.2 NAME	May, David P.
STREET ADDRESS	11222 QUAIL ROOST DR	5.3 STREET ADDRESS	110 W. Seventh St.
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	Fort Worth, TX 76102
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Castelo, Enrique L.
STREET ADDRESS		6.3 STREET ADDRESS	11222 Quail Roost Dr.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Miami, FL 33157

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)