## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P14630

FILED Apr 29, 2002 8:00 AM Secretary of State

Entity Name: VOYAGER PROPERTY AND CASUALTY INSURANCE COMPANY

| Current Principal Place of Business:   |  |  | New Principal Place of Business:             |  |  |
|--|--|--|--|--|--|
| 204 LAWAND DRIVE   |  |  |  |  |  |
| 9TH FLR<br>COLUMBIA  |  | US   |  |  |  |
| Current Mailing Address:   |  |  | New Mailing Address:                         |  |  |
|  |  |  | 11222 QUAIL ROOST DR.<br>MIAMI, FL 33157 US  |  |  |
| FEI Number:  | 57-0665589   | 0665589 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) |  |  |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:  |  |  |  |  |  |
| FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE, FL 323997300  |  |  |  |  |  |
| 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  |  |  |  |  |  |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).  Election Campaign Financing Trust Fund Contribution ( ). |  |  |  |  |  |
| . 5  |  |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | HARPER, EDWIN  | NORTH CIRCLE NW  | Title:<br>Name:<br>Address:<br>City-St-Zip:  | KLOTZ, KEVIN L   | nange()Addition<br>NORTH CIRCLE NW<br>39 |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D () E<br>GAMBERO, DAR<br>801 CHERRY ST<br>FT WORTH, TX    |  | Title:<br>Name:<br>Address:<br>City-St-Zip:  | T (X) CH<br>CASTELO, ENRIQUE<br>11222 QUAIL ROC<br>MIAMI, FL 33157 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | DS () E<br>HEGGEN, ARTHU<br>11222 QUAIL RO<br>MIAMI, FL    |  | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Ch   | ange()Addition                           |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D,SR (X) E<br>CAMACHO, P. B<br>11222 QUAIL RO<br>MIAMI, FL | RUCE   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Cr   | ange ( ) Addition                        |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | VP (X) [<br>MAY, DAVID P<br>110 W SEVENTH<br>FT WORTH, TX  | Delete<br>I ST   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Ch   | ange()Addition                           |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | T (X) E<br>CASTELO, ENRIG<br>11222 QUAIL RO<br>MIAMI, FL   |  | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Ch   | ange()Addition                           |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ARTHUR HEGGEN S 04/29/2002