

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14630

FILED
Apr 25, 2004
Secretary of State

Entity Name: VOYAGER PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

204 LAWAND DRIVE
9TH FLR
COLUMBIA, SC 29210 US

New Principal Place of Business:

Current Mailing Address:

11222 QUAIL ROOST DR.
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 57-0665589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: LEMASTERS, S. CRAIG
Address: 260 INTERSTATE NORTH CIRCLE NW
City-St-Zip: ATLANTA, GA 30339

Title: T () Delete
Name: CASTELO, ENRIQUE
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: HEGGEN, ARTHUR W
Address: 11222 QUAIL ROOST DR
City-St-Zip: MIAMI, FL

Title: ASD () Delete
Name: COOPER, MARK
Address: P. O. BOX 535578
City-St-Zip: GRAND PRAIRIE, TX 75053

Title: SVPD () Delete
Name: CAMACHO, BRUCE
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DSVP () Change (X) Addition
Name: TOURAL, AMELIA
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

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

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04/25/2004

Electronic Signature of Signing Officer or Director

Date