

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14630

FILED  
Mar 25, 2005  
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: DSVP ( ) Delete  
Name: TOURAL, AMELIA  
Address: 11222 QUAIL ROOST DRIVE  
City-St-Zip: MIAMI, FL 33157

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

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

03/25/2005

Electronic Signature of Signing Officer or Director

Date