## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P14630

FILED Jan 11, 2008 Secretary of State

Entity Name: VOYAGER PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	STATE NO. C	IRCLE, SE			
9TH FLR ATLANTA,	GA 30339221	0 US			
Current Mailing Address:			New Maili	New Mailing Address:	
PO BOX 1 SANDHILL	59 ., MS 39161	US			
El Number	: 57-0665589	FEI Number Applied For ( )	El Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
P O BOX 6 200 E. GAI	IANCIAL OFFI 3200 (32314-62 INES ST SSEE, FL 323	(00)			
	named entity se of Florida.	submits this statement for the purp	oose of changing i	ts registered office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered Agent		Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Name: Nddress:	LEMASTERS, S	TE NORTH CIRCLE SE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	LEMASTERS, Ś 260 INTERSTA' ATLANTA, GA	s. CRAIG FE NORTH CIRCLE SE 80339 Delete HUR W	Name: Address:	( ) Change ( ) Addition  DASV (X) Change ( ) Addition HEGGEN, ARTHUR W 11222 QUAIL ROOST DR MIAMI, FL	
Name: Address: City-St-Zip: Fitle: Name: Address:	LEMASTERS, S 260 INTERSTA ATLANTA, GA : DS () HEGGEN, ARTH 11222 QUAIL R MIAMI, FL	C. CRAIG FE NORTH CIRCLE SE 30339  Delete HUR W OOST DR  Delete K	Name: Address: City-St-Zip: Title: Name: Address:	DASV (X) Change ( ) Addition HEGGEN, ARTHUR W 11222 QUAIL ROOST DR	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address:	DS () HEGGEN, ARTH 11222 QUAIL R MIAMI, FL  ASD () COOPER, MAR P. O. BOX 5355 GRAND PRAIRI	C. CRAIG FE NORTH CIRCLE SE 30339  Delete HUR W OOST DR  Delete K 578 E, TX 75053  Delete UCE OOST DRIVE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	DASV (X) Change ( ) Addition HEGGEN, ARTHUR W 11222 QUAIL ROOST DR MIAMI, FL  S (X) Change ( ) Addition ARAGON-CRUZ, JEANNIE AMY 11222 QUAIL ROOST DRIVE	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	LEMASTERS, \$260 INTERSTA' ATLANTA, GA 3  DS () HEGGEN, ARTH 11222 QUAIL R MIAMI, FL  ASD () COOPER, MAR P. O. BOX 5355 GRAND PRAIRI  SVPD () CAMACHO, BR 11222 QUAIL R MIAMI, FL 331	C. CRAIG FE NORTH CIRCLE SE 30339  Delete HUR W OOST DR  Delete K 678 E, TX 75053  Delete UCE OOST DRIVE 57  Delete IA OOST DRIVE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DASV (X) Change ( ) Addition HEGGEN, ARTHUR W 11222 QUAIL ROOST DR MIAMI, FL  S (X) Change ( ) Addition ARAGON-CRUZ, JEANNIE AMY 11222 QUAIL ROOST DRIVE MIAMI, FL 33157  SVP (X) Change ( ) Addition CAMACHO, BRUCE 11222 QUAIL ROOST DRIVE	

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: JEANNIE ARAGON-CRUZ S 01/11/2008