FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17246** **(0)**

1. Corporation Name
PROPERTY-CASUALTY COMPANY OF MCA

Principal Place of Business	Mailing Address
484 CENTRAL AVENUE NEWARK NJ 07107-~~9096~~ 07107-2096	484 CENTRAL AVENUE NEWARK NJ 07107-~~9096~~ 07107-2096

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1987
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: ~~22-1700754~~ 22-3208647 ☐ 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☒ Addition
NAME	LANIER, JERRY L	12 NAME		
STREET ADDRESS	484 CENTRAL AVE	13 STREET ADDRESS		
CITY-ST-ZIP	NEWARK NJ	14 CITY-ST-ZIP	07107-2096	
TITLE	~~EVP~~	21 TITLE		☐ Change ☐ Addition
NAME	~~BACH, MICHAEL P~~	22 NAME		
STREET ADDRESS	~~484 CENTRAL AVE~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~NEWARK NJ~~	24 CITY-ST-ZIP		
TITLE	~~T~~	31 TITLE	Treasurer	☒ Change ☐ Addition
NAME	~~WIDOM, GERALD~~	32 NAME	William J. Clark	
STREET ADDRESS	~~484 CENTRAL AVE~~	33 STREET ADDRESS	484 Central Ave.	
CITY-ST-ZIP	~~NEWARK NJ~~	34 CITY-ST-ZIP	Newark, N. J. 07107-2096	
TITLE	S	41 TITLE		☐ Change ☒ Addition
NAME	GREELEY, DORIS	42 NAME		
STREET ADDRESS	484 CENTRAL AVE	43 STREET ADDRESS		
CITY-ST-ZIP	NEWARK NJ	44 CITY-ST-ZIP	07107-2096	
TITLE	~~D~~	51 TITLE		☐ Change ☐ Addition
NAME	~~KOPPENOL, SUSAN~~	52 NAME		
STREET ADDRESS	~~484 CENTRAL AVE~~	53 STREET ADDRESS		
CITY-ST-ZIP	~~NEWARK NJ~~	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Doris Greeley Doris Greeley, Secretary 3/29/95 (201) 733-5236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0464096 FN