SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

[redacted]

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

APPROVED AND FILED

97 DEC 16 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17246 (0)

1. Corporation Name
PROPERTY-CASUALTY COMPANY OF MCA

REINSTATEMENT 1997

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1987
3a. Date of Last Report: 05/01/1996
4. FEI Number: 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1700 Galloping Hill Road	26
Suite, Apt. #, etc. 22 2nd Floor	Suite, Apt. #, etc. 27
City & State 23 Kenilworth, N.J. 07033	City & State 28
Zip / Country 24 07033 / 25 Union	Zip / Country 29 / 30

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 _____ (NOTE: Registered Agent's signature is required when adding or changing registered agent) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	LANIER, JERRY L	
STREET ADDRESS	484 CENTRAL AVE	
CITY-ST-ZIP	NEWARK NJ	
TITLE	T	☐ DELETE
NAME	CLARK, WILLIAM J.	
STREET ADDRESS	484 CENTRAL AVE	
CITY-ST-ZIP	NEWARK NJ	
TITLE	S	☐ DELETE
NAME	GREELEY, DORIS	
STREET ADDRESS	484 CENTRAL AVE	
CITY-ST-ZIP	NEWARK NJ	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1700 Galloping Hill Road , 2nd Floor	
1.4 CITY-ST-ZIP	Kenilworth, N.J. 07033	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1700 Galloping Hill Road, 2nd Floor	
2.4 CITY-ST-ZIP	Kenilworth, N.J. 07033	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1700 Galloping Hill Road, 2nd Floor	
3.4 CITY-ST-ZIP	Kenilworth, N.J. 07033	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	700100238797--7	
4.4 CITY-ST-ZIP	-12/26/97--01097--029	
5.1 TITLE	****750.00 ****750.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (4/97)

14. I do hereby certify that the information supplied with this filing 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 added on an attachment with an address.

SIGNATURE: Q. Allen 12/8/97 (Required)