


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91077 001 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 546093	
1. Entity Name MFC INSURANCE, INC. OF FLORIDA	

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2. Principal Place of Business 4005 MARONDA WAY		3. Mailing Address 4005 MARONDA WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SANFORD FL		City & State SANFORD FL	
Zip 32771	Country USA	Zip 32771	Country USA

DO NOT WRITE IN THIS SPACE

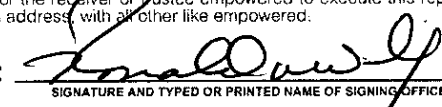
4. FEI Number 59-3061812	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name VON DREELE, WAYNE	
Street Address (P.O. Box Number is Not Acceptable) 4005 MARONDA WAY	
City SANFORD	Zip Code FL 32771

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVD WOLF, WILLIAM J. 202 PARK WEST DRIVE PITTSBURGH, PA 15275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOLF, RONALD W. 202 PARK WEST DRIVE PITTSBURGH, PA 15275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VON DREELE, WAYNE 4005 MARONDA WAY SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	3/11/03 (412) 788-7400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

CR2E034B (12/02)