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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 [illegible] 3:50

DOCUMENT # 807166 (4)

1. Corporation Name

PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
1900 DERRY ST. HARRISBURG PA 17104-2332	1900 DERRY ST. HARRISBURG PA 17104-2332

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1946
3a. Date of Last Report: 05/01/1994

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:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: 23-0961349 ☐ 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

FLORIDA INSURANCE COMMISIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32304

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 (Signature required when name of registered agent is changed) (NOTE: Registered Agent signature required when name changes) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	S/D	☒ Change ☐ Addition
NAME	SHUTTS, K. R.	12 NAME	Shutts, K. R.	
STREET ADDRESS	101 N. 32ND ST.	13 STREET ADDRESS	1900 Derry Street	
CITY ST ZIP	HARRISBURG PA	14 CITY ST ZIP	Harrisburg, PA 17104	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	TAYLOR, J. I	22 NAME	Taylor, J. I.	
STREET ADDRESS	5615 PINEHURST WAY	23 STREET ADDRESS	1900 Derry Street	
CITY ST ZIP	MECHANICSBURG PA	24 CITY ST ZIP	Harrisburg, PA 17104	
TITLE	VD	31 TITLE	VD *	☒ Change ☐ Addition
NAME	MCDOWELL, S G	32 NAME	McDowell, S.G.	
STREET ADDRESS	519 WALNUT ST	33 STREET ADDRESS	1900 Derry Street	
CITY ST ZIP	LEMOYNE PA	34 CITY ST ZIP	Harrisburg, PA 17104	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	KLINE, B.L.	42 NAME	Kline, B. L.	
STREET ADDRESS	4003 PAMAY DR	43 STREET ADDRESS	1900 Derry Street	
CITY ST ZIP	MECHANICSBURG PA	44 CITY ST ZIP	Harrisburg, PA 17104	
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	Charles Rand Golletz	
STREET ADDRESS		53 STREET ADDRESS	1900 Derry Street	
CITY ST ZIP		54 CITY ST ZIP	Harrisburg, PA 17104	
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: Barry L. Kline BARRY L. KLINE 5/26/95 717-234-4941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

*Effective 4/10/95 S. G. McDowell is no longer a board member, but is a Vice President.

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