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.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 AUG -8 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 04/11/1996
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 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 Two North Second Street	26 P.O. Box 2361
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Harrisburg, PA	City & State 28 Harrisburg, PA
Zip 24 17101 / Country 25 USA	Zip 29 17105-2361 / Country 30 USA

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHUTTS, K. R. 1900 DERRY ST HARRISBURG PA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SD SHUTTS, K.R. TWO NORTH SECOND STREET HARRISBURG, PA 17101	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAYLOR, J, I 1900 DERRY ST MECHANICSBURG PA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD TAYLOR, J.I. TWO NORTH SECOND STREET HARRISBURG, PA 17101	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCDOWELL, S G 1900 DERRY ST LEMOYNE PA	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V ROWE, D. C. 2 NORTH SECOND STREET HARRISBURG, PA 17101	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KLINE, B.L. 1900 DERRY ST MECHANICSBURG PA	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD KLINE, B.L. TWO NORTH SECOND STREET HARRISBURG, PA 17101	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOLLETZ, CHARLES RAND 1900 DERRY ST HARRISBURG PA	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V SCIORILLI, T. A. 2 NORTH SECOND STREET HARRISBURG, PA 17101	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600002265916--7 -08/13/97--01079--004 ****165.00 ****165.00	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	8-12-97	☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: Barry L Kline BARRY L. KLINE 8/4/97 717-255-6840

P.O. Box 2361
Harrisburg PA 17105-2361
717-234-4941 Phone

(2)

PENN NATIONAL INSURANCE

August 1, 1997

Certified Mail: P 344 223 078

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 1997 Profit Corporation Annual Packet

To whom it may concern:

We are in receipt of the 1997 Profit Corporation Annual Packet, second notice.

On July 30, 1997, I held a telephone conversation with a service representative from the Department of State. I informed him our report packet came stamped second notice, and the first notice never reached our office. The representative informed me of an error in the original mailing, and our company was omitted inadvertently. He also said to waive the $385.00 penalty included with the second notice. Enclosed, you will find a check for $165.00.

If you have any questions, please call me at (717) 234-4941, extension 2256. Thank you.

Sincerely,

Scott Cray

Scott Cray
Tax & Compliance Specialist

Enclosures