

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90012 007 \*\*\*150.00

05943890

**DOCUMENT # 807166**

1. Entity Name  
**PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE**

Principal Place of Business <b>TWO NORTH SECOND STREET          HARRISBURG PA 17101</b>	Mailing Address <b>C/O SCOTT CRAY          P.O. BOX 2361          HARRISBURG PA 17105-2361</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **23-0961349**      Applied For  
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL BLDG.  
 TALLAHASSEE FL 32304**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDGC SHUTTS, KENNETH R TWO NORTH SECOND STREET HARRISBURG PA 17101</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROWE, DENNIS C TWO NORTH SECOND STREET HARRISBURG PA 17101</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SCIORILLI, THOMAS A TWO NORTH SECOND STREET HARRISBURG PA 17101</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SEARS, CHRISTINE TWO NORTH SECOND STREET HARRISBURG PA 17101</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/23/01**      Daytime Phone # **(717) 255-6869**

CR2E034 (10/00)

Doc.

#807166  
736394

**Pennsylvania National Mutual Casualty Insurance Company**  
Officers & Directors  
December 31, 2000

**Directors**

Sumner Brumbaugh  
P.O. Box 97  
Duncansville, PA 16635

Alexander M. Clark  
160 East 84th Street  
New York, NY 10028

James H. Davies  
3900 Cascade Drive  
Greensboro, NC 27410

John L. Longnaker  
1038 West Areba Avenue  
Hershey, PA 17033

Todd R. Fisher  
1139 Galway Court  
Hummelstown, PA 17036

Ellen E. Thrower  
200 Rector Place  
New York, NY 10280

Sherill T. Moyer  
1641 Clarks Valley Road  
Dauphin, PA 17018

John Harvey Rhodes  
1300 Market Street  
Lemoyne, PA 17043

William H. Alexander  
3733 Spruce Street  
Philadelphia, PA 19104

Stephen L. Swanson  
620 Liberty Avenue  
Pittsburgh, PA 15265

James E. McGill  
430 West Friendly Avenue  
Greensboro, NC 27401

Dennis C. Rowe  
Two North Second Street  
Harrisburg, PA 17101

Kenneth R. Shutts  
Two North Second Street  
Harrisburg, PA 17101

**Officers**

Dennis C. Rowe	President
Kenneth R. Shutts	Secretary
Christine Sears	Treasurer

**Physical Address**

Two North Second Street  
Harrisburg, PA 17101

**Mailing Address**

P.O. Box 2361  
Harrisburg, PA 17105-2361

**Phone**

(717) 234-4941  
1-800-388-4764