

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2006 8:00 am
Secretary of State

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04172006 Chg-P CR2E034 (11/05)

DOCUMENT # 807166 1. Entity Name PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY					
Principal Place of Business TWO NORTH SECOND STREET HARRISBURG, PA 17101			Mailing Address C/O SCOTT CRAY P.O. BOX 2361 HARRISBURG, PA 17105-2361		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Brian Gervinski Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 23-0961349 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDGC SHUTTS, KENNETH R TWO NORTH SECOND STREET HARRISBURG, PA 17101	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWE, DENNIS C TWO NORTH SECOND STREET HARRISBURG, PA 17101	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEARS, CHRISTINE TWO NORTH SECOND STREET HARRISBURG, PA 17101	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, WILLIAM H 3733 SPRUCE STREET PHILADELPHIA, PA 19104	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, TODD R 1139 GALWAY COURT HUMMELSTOWN, PA 17036	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ALEXANDER M M 160 EAST 84TH STREET NEW YORK, NY 10028	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kenneth R. Shutts</i> Kenneth R. Shutts _____ Executive V.P. & Secretary 4/18/06 (717) 255-6807 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					