2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 807166

1. Entity Name
PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
TWO NORTH SECOND STREET HARRISBURG, PA 17101	BRIAN GERVINSKI P.O. BOX 2361 HARRISBURG, PA 17105-2361

DO NOT WRITE IN THIS SPACE

02122007 No Chg-P CR2E034 (11/05)

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000658865
03/16/07-80006-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	SDGC
NAME	SHUTTS, KENNETH R
STREET ADDRESS	TWO NORTH SECOND STREET
CITY-ST-ZIP	HARRISBURG, PA 17101
TITLE	PD
NAME	ROWE, DENNIS C
STREET ADDRESS	TWO NORTH SECOND STREET
CITY-ST-ZIP	HARRISBURG, PA 17101
TITLE	TD
NAME	SEARS, CHRISTINE
STREET ADDRESS	TWO NORTH SECOND STREET
CITY-ST-ZIP	HARRISBURG, PA 17101
TITLE	D
NAME	ALEXANDER, WILLIAM H
STREET ADDRESS	3733 SPRUCE STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19104
TITLE	D
NAME	FISHER, TODD R
STREET ADDRESS	1139 GALWAY COURT
CITY-ST-ZIP	HUMMELSTOWN, PA 17036
TITLE	D
NAME	CLARK, ALEXANDER M M
STREET ADDRESS	160 EAST 84TH STREET
CITY-ST-ZIP	NEW YORK, NY 10028

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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: Kenneth R Shutts, Kenneth R. Shutts Secretary Feb 22, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #