2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State
03-07-2008 90033 041 ***150.00

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

02152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	P/D Shutts, Kenneth R. Two North Second Street Harrisburg, PA 17101	☒ Change ☐ Addition
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	C/D Rowe, Dennis C. Two North Second Street Harrisburg, PA 17101	☒ Change ☐ Addition
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	S Yarrish, Karen Creasia Two North Second Street Harrisburg, PA 17101	☐ Change ☒ Addition
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		☐ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, ALEXANDER M M 160 EAST 84TH STREET NEW YORK, NY 10028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Karen C. Yarrish 2/21/08 717-234-4941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Karen C. Yarrish, Corporate Secretary