

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:44

DOCUMENT # 818752 (8)

1. Corporation Name
PENNSYLVANIA GENERAL INSURANCE COMPANY

Principal Place of Business Mailing Address
436 WALNUT STREET 436 WALNUT STREET
PHILADELPHIA PA 19106-3703 PHILADELPHIA PA 19106-3703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1956	3a. Date of Last Report 04/20/1994
21		26		4. FEI Number 23-1471444	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SMITH, EILEEN S. 2601 WESTHALL LANE MAITLAND FL 32751				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1548, 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: Eileen S. Smith *Claim Manager 3/20/95* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNAM, WALTER E.	12 NAME	
STREET ADDRESS	438 WALNUT STREET	13 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	14 CITY - ST - ZIP	
TITLE	VT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUGHTON, JOHN J.	22 NAME	
STREET ADDRESS	438 WALNUT STREET	23 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	24 CITY - ST - ZIP	
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYNE, FRANK J.	32 NAME	
STREET ADDRESS	438 WALNUT STREET	33 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORCORAN, J. C.	42 NAME	
STREET ADDRESS	438 WALNUT STREET	43 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	44 CITY - ST - ZIP	
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYEN, RANDALL E	52 NAME	
STREET ADDRESS	438 WALNUT STREET	53 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Frank J. Coyne *-FRANK J. COYNE 4/5/95 (215) 625-1063*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Printed)