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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 818752 (8) PENNSYLVANIA GENERAL INSURANCE COMPANY					
Principal Place	e of Business	Mailing Address			<u> </u>
436 WALNUT STREET PHILADELPHIA PA 19106-3703		436 WALNUT STREET PHILADELPHIA PA 18106-3703			
- D				<ol> <li>Date Incorporated or Qualified 09/24/1956</li> </ol>	3a. Date of Last Report 05/01/1995
z. Principal Pi	lace of Business	2a. Mailing Address		4. FE! Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		23-1471444	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State	re	City & State		6. Election Campaign Financing	\$5.00 Hay Ba
Zip	Country	<b>28</b> Zip		Trust Fund Contribution	Added to Fees
4]	25	29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,
	9. Name and Address of Curr			10. Name and Address of New F	
A			81 Name		
	EILEEN S.		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
	VESTHALL LANE IND FL 32751		83		<u> </u>
MAILA	MD 1 C 32/3 [		03		
			84 City		■∎ 85 Zip Code
•			[GT] Gity		
Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Floricla Statu	/	pration submits this statement for the nur	
Pursuant t or register familiar wit	to the provisions of Sections 607.050 red agent, or both, in the State of Flo th, and accept the obligations of, Sec	02 and 607.1508, Floricla Staturida. Such change was authoriction 607.0505, Florida Statute	/	pration submits this statement for the pur ard of directors. I hereby accept the appa	
SIGNATURE _			tes, the above-named corporation's boases.	oration submits this statement for the pur ard of directors. I hereby accept the appr	
SIGNATURE _	Signature, typed or printed name of registered age	ent and tit-s if applicable (No	tes, the above-named corporated by the corporation's boas.  Ott: Registered Agent signature require	ed when reinstating	PL
SIGNATURE _	Signature, typed or printed name of registered age	ent and titu if applicable (No ND DIRECTORS	tes, the above-named corporation's hosts.  OTE: Registered Agent signature resure.		PL
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-RANDALL E. DYEN, SECRETARY 4/16/96 )215)625-4293
ED OR PRINTEG NAME OF BIGNING OFFICER OR DIRECTOR

Date

Description Priore Pr SIGNATURE: