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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 818752

1. Corporation Name
PENNSYLVANIA GENERAL INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 09/24/1956
 4. FEI Number: 23-1471444
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24
 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Boston, MA
 Zip: 29
 02108
 Country: 30

9. Name and Address of Current Registered Agent
BOWDEN, ELIZABETH
2601 WESTHALL LANE
MAITLAND FL 32751

10. Name and Address of New Registered Agent
 81 Name: FLORIDA INSURANCE COMMISSIONER
 82 Street Address (P.O. Box Number is Not Acceptable): THE CAPITOL BUILDING
 83
 84 City: TALLAHASSEE FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	FARNAM, WALTER E.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	NAUGHTON, JOHN J.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAJOR, LAURENCE H JR	
STREET ADDRESS	436 WALNUT ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DYEN, RANDALL E	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, DENNIS R.	
1.3 STREET ADDRESS	ONE BEACON STREET	
1.4 CITY-ST-ZIP	BOSTON MA	
2.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOWDY, ROBERT C.	
2.3 STREET ADDRESS	ONE BEACON ST	
2.4 CITY-ST-ZIP	BOSTON MA	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEBER, JOHN A.	
3.3 STREET ADDRESS	ONE BEACON ST	
3.4 CITY-ST-ZIP	BOSTON MA	
4.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PERLMAN, ROBERT S.	
4.3 STREET ADDRESS	ONE BEACON ST	
4.4 CITY-ST-ZIP	BOSTON MA	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

SIGNATURE: *Dennis R. Smith* DENNIS R. SMITH 03/04/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)