

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90118 018 ***150.00

DOCUMENT # 818752
 1. Entity Name
PENNSYLVANIA GENERAL INSURANCE COMPANY



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

Mailing Address
ONE BEACON STREET
BOSTON, MA 02108

20002433



2. Principal Place of Business
1500 Spring Garden St.
 Suite, Apt. #, etc.
Suite 500

3. Mailing Address
 Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State
Philadelphia, PA

City & State

Zip
19130 Country
USA

Zip Country

4. FEI Number
23-1471444

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

7. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SMITH, DENNIS R | |
| STREET ADDRESS | ONE BEACON STREET | |
| CITY-ST-ZIP | BOSTON, MA | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | CAVOORES, JOHN P | |
| STREET ADDRESS | ONE BEACON STREET | |
| CITY-ST-ZIP | BOSTON, MA 02108 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHOKEL, CHARLES B | |
| STREET ADDRESS | ONE BEACON STREET | |
| CITY-ST-ZIP | BOSTON, MA 02108 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ARCHIMEDES, ALEX C | |
| STREET ADDRESS | ONE BEACON STREET | |
| CITY-ST-ZIP | BOSTON, MA 02108 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | CARNASE, ANDREW C | |
| STREET ADDRESS | ONE BEACON ST | |
| CITY-ST-ZIP | BOSTON, MA 02108 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | DAVIS, MORGAN W | |
| STREET ADDRESS | ONE BEACON ST | |
| CITY-ST-ZIP | BOSTON, MA 02108 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DPC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | T. Michael Miller | |
| STREET ADDRESS | One Beacon St. | |
| CITY-ST-ZIP | Boston, MA 02108 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Andrew C. Carnase | |
| STREET ADDRESS | One Constitution Way | |
| CITY-ST-ZIP | Foxboro, MA 02025 | |
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Paul D. McDonough | |
| STREET ADDRESS | One Beacon St. | |
| CITY-ST-ZIP | Boston, MA 02108 | |

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: *Dennis R Smith* **1/16/06** **617-725-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 20002433

2006 FOR PROFIT ANNUAL REPORT

Pennsylvania General Insurance Company

Officers/Directors - Document #818752

| | |
|----------------|---------------------------|
| Title | D |
| Name | Mark K. Dorcus |
| Street Address | 370 Church Street |
| City-St-Zip | Guilford, CT 06437 |
| Title | VD |
| Name | Thomas L. Forsyth |
| Street Address | One Beacon Street |
| City-St-Zip | Boston, MA 02108 |
| Title | VD |
| Name | Paul H. McDonough |
| Street Address | One Beacon Street |
| City-St-Zip | Boston, MA 02108 |
| Title | PCD |
| Name | T. Michael Miller |
| Street Address | One Beacon Street |
| City-St-Zip | Boston, MA 02108 |
| Title | VD |
| Name | Brian D. Poole |
| Street Address | One Beacon Street |
| City-St-Zip | Boston, MA 02108 |
| Title | VD |
| Name | Thomas N. Schmitt |
| Street Address | One Beacon Street |
| City-St-Zip | Boston, MA 02108 |
| Title | VD |
| Name | Roger M. Singer |
| Street Address | One Beacon Street |
| City-St-Zip | Boston, MA 02108 |
| Title | V |
| Name | Michael J. Daly |
| Street Address | 1500 Spring Garden Street |
| City-St-Zip | Philadelphia, PA 19130 |
| Title | V |
| Name | Eugene C. Fazzie |
| Street Address | One Beacon Street |
| City-St-Zip | Boston, MA 02108 |
| Title | V |
| Name | Dana P. Hendershott |
| Street Address | One Beacon Street |
| City-St-Zip | Boston, MA 02108 |

ATTACHMENT

20002433
#818752

Title V
Name Michael R. Keane
Street Address One Constitution Way
City-St-Zip Foxboro, MA 02035

Title V
Name Michael J. McSally
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title V
Name John M. Meuschke
Street Address 17600 Burnham Ct.
City-St-Zip Chesterfield, MO 63005

Title V
Name Michael F. Natan
Street Address One Constitution Way
City-St-Zip Foxboro, MA 02035

Title V
Name Donald P. Nibouar
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title V
Name Kevin J. Rehnberg
Street Address 7760 France Avenue South
City-St-Zip Bloomington, MN 55435

Title V
Name Kathleen M. Taylor
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title S
Name Dennis R. Smith
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title T
Name Frederick J. Turcotte
Street Address One Beacon Street
City-St-Zip Boston, MA 02108