

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90102 020 ***150.00

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01112007 Chg-P CR2E034 (12/06)

DOCUMENT # 818752					
1. Entity Name PENNSYLVANIA GENERAL INSURANCE COMPANY					
Principal Place of Business 1500 SPRING GARDEN ST STE 500 PHILADELPHIA, PA 19130			Mailing Address ONE BEACON STREET BOSTON, MA 02108		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-1471444	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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
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's signature required when re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, DENNIS R		NAME		
STREET ADDRESS	ONE BEACON STREET		STREET ADDRESS		
CITY-STATE-ZIP	BOSTON, MA		CITY-STATE-ZIP		
TITLE	DPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, T M		NAME		
STREET ADDRESS	ONE BEACON STREET		STREET ADDRESS		
CITY-STATE-ZIP	BOSTON, MA 02108		CITY-STATE-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHOKEL, CHARLES B		NAME		
STREET ADDRESS	ONE BEACON STREET		STREET ADDRESS		
CITY-STATE-ZIP	BOSTON, MA 02108		CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCHIMEDES, ALEX C		NAME		
STREET ADDRESS	ONE BEACON STREET		STREET ADDRESS		
CITY-STATE-ZIP	BOSTON, MA 02108		CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARNASE, ANDREW C		NAME		
STREET ADDRESS	ONE CONSTITUTION WY		STREET ADDRESS		
CITY-STATE-ZIP	FOXBORO, MA 02035		CITY-STATE-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONOUGH, PAUL D		NAME		
STREET ADDRESS	ONE BEACON ST		STREET ADDRESS		
CITY-STATE-ZIP	BOSTON, MA 02108		CITY-STATE-ZIP		
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: <u><i>Dennis B. Smith</i></u>		Dennis B. Smith		Date: <u>6/17-725-6000</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

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Pennsylvania General Insurance Company

Officers/Directors – Document #818752

Title D
Name Mark K. Dorcus
Street Address 370 Church St.
City-St-Zip Guilford, CT 06437

Title D/V/General Counsel
Name Thomas L. Forsyth
Street Address One Beacon St.
City-St-Zip Boston, MA 02108

Title D/V/Chief Actuary
Name Brian D. Poole
Street Address One Beacon St.
City-St-Zip Boston, MA 02108

Title D/V/Chief Human Resources Officer
Name Thomas N. Schmitt
Street Address One Beacon Lane
City-St-Zip Canton, MA 02021

Title D/V
Name Roger M. Singer
Street Address One Beacon St.
City-St-Zip Boston, MA 02108

Title V
Name Michael J. Daly
Street Address 1500 Spring Garden St.
City-St-Zip Philadelphia, PA 19130

Title V
Name Eugene C. Fazzie
Street Address One Beacon St.
City-St-Zip Boston, MA 02108

Title V/CAO
Name Dana P. Hendershott
Street Address One Beacon Lane
City-St-Zip Canton, MA 02021

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Officers/Directors – Document #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	22 Tidewater Farm Rd.
City-St-Zip	Greenland, NH 03840
Title	V
Name	John M. Meuschke
Street Address	9031 Wildlife Loop
City-St-Zip	Sarasota, FL 34238
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 Lane
City-St-Zip	Canton, MA 02021
Title	V
Name	Kevin J. Rehnberg
Street Address	601 Carlson Parkway, Suite 700
City-St-Zip	Minnetonka, MN 55305
Title	V
Name	Ann Marie Andrews
Street Address	One Beacon St.
City-St-Zip	Boston, MA 02108
Title	V/T
Name	Frederick J. Turcotte
Street Address	One Beacon St.
City-St-Zip	Boston, MA 02108