

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90029 041 ***150.00

DOCUMENT # 803104

1. Corporation Name

Pennsylvania Casualty Company

Principal Place of Business

Mailing Address

55 Alhambra Plaza
Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

January 20, 1927

2. Principal Place of Business

21 One Phico Drive

2a. Mailing Address

26 PO Box 2021

4. FEI Number

06-1243827

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

23 Mechanicsburg, PA

City & State

28 Mechanicsburg, PA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

17055 U.S.

Zip Country

29 17055-0783 30 U.S.

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

Florida Insurance Commissioner
Capitol Building
Tallahassee, FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Rodriguez-Scott, Maria	
STREET ADDRESS	55 Alhambra Plaza	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	Rodriguez-Scott, Maria	
STREET ADDRESS	55 Alhambra Plaza	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	Gordon, Nancy P.	
STREET ADDRESS	55 Alhambra Plaza	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	Flodman, Hans B.	
STREET ADDRESS	Barks Vag 15, Solna S-103 50	
CITY-ST-ZIP	Stockholm, Sweden	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Kavns, Larry Guy	
STREET ADDRESS	800 SW Jackson Ave.	
CITY-ST-ZIP	Topeka, KS 68672	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Hanson, David A.	
STREET ADDRESS	900 Merchantile Bank Bldg, 800 SW Jackson Ave	
CITY-ST-ZIP	Topeka, KS	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Persofsky, Barry	
13 STREET ADDRESS	One Phico Drive	
14 CITY-ST-ZIP	Mechanicsburg, PA 17055	
21 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Schultz, Gary J.	
23 STREET ADDRESS	One Phico Drive	
24 CITY-ST-ZIP	Mechanicsburg, PA 17055	
31 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Simmons, Sheryl M.	
33 STREET ADDRESS	One Phico Drive	
34 CITY-ST-ZIP	Mechanicsburg, PA 17055	
41 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Myers, Ellen L.	
43 STREET ADDRESS	One Phico Drive	
44 CITY-ST-ZIP	Mechanicsburg, PA 17055	
51 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Scanlan, Carolyn F.	
53 STREET ADDRESS	4750 Lindle Road	
54 CITY-ST-ZIP	Harrisburg, PA	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Creamer, Donald R.	
63 STREET ADDRESS	1001 Grampian Blvd.	
64 CITY-ST-ZIP	Williamsport, PA	

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: *Ellen L. Myers* Ellen L. Myers

4/29/99

(717) 700-1130

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

FLORIDA CORPORATION ANNUAL REPORT 1998 - PENNSYLVANIA CASUALTY COMPANY

12. DIRECTORS - CONTINUED

D
DAMERJIAN, ROBERT S.
ONE PENN CENTER PLAZA
PHILADELPHIA, PA

D
KEARNS, KEVIN P.
UNIVERSITY OF PITTSBURGH
PITTSBURGH, PA

D
ORTENZIO, ROCCO A.
4718 OLD GETTYSBURG ROAD
MECHANICSBURG PA

D
FLETCHER, ROBERT L.
625 TWIN PINE ROAD
PITTSBURG, PA 15215

D
SPALDING, DONALD W.
402 MAPLE LANE
SEWICKLY PA

D
TRESSLER, DAVID L., SR.
B.D.A. BUILDING, ABINGTON EXEC PARK
CLARKS SUMMIT, PA

D
FOSTER, CONSTANCE B.
2 NORTH SECOND STREET, 7TH FLOOR
HARRISBURG, PA 17101

D
NATION, ROBERT F
1924 MARKET ST.
CAMP HILL, PA

D
RUSSELL, JOHN A.
46 LAUREL RIDGE ROAD
HERSHEY, PA 17033

DV
VOLTZ, JAMES N.
ONE PHICO DRIVE
MECHANICSBURG PA

12. OFFICERS - CONTINUED.

V
SULLIVAN, MICHAEL P.
ONE PHICO DRIVE
MECHANICSBURG PA

V
BRICKER, MICHAEL C.
ONE PHICO DRIVE
MECHANICSBURG PA

V
REIDER, VICTORIA A.
ONE PHICO DRIVE
MECHANICSBURG PA

V
BURNS, WILLIAM E.
ONE PHICO DRIVE
MECHANICSBURG PA

V
CHRONISTER, RONALD E.
ONE PHICO DRIVE
MECHANICSBURG PA

V
MITCHELL, MARK O.
ONE PHICO DRIVE
MECHANICSBURG PA

V
FOGG, STEPHEN J.
ONE PHICO DRIVE
MECHANICSBURG, PA