

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 803104**

1. Entity Name

**PENNSYLVANIA CASUALTY COMPANY**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90002 040 \*\*\*150.00

Principal Place of Business

Mailing Address

ONE PHICO DRIVE  
 MECHANICSBURG PA 17055  
 US

P.O. BOX 2021  
 MECHANICSBURG PA 17055-0783  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**06-1243827**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

948020



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER**  
**CAPITOL BUILDING**  
**TALLAHASSEE FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | PERSOFSKY, BARRY       |                                 |
| STREET ADDRESS | ONE PHICO DRIVE        |                                 |
| CITY-ST-ZIP    | MECHANICSBURG PA 17055 |                                 |
| TITLE          | CFOV                   | <input type="checkbox"/> Delete |
| NAME           | SCHULTZ, GARY J        |                                 |
| STREET ADDRESS | ONE PHICO DRIVE        |                                 |
| CITY-ST-ZIP    | MECHANICSBURG PA 17055 |                                 |
| TITLE          | VT                     | <input type="checkbox"/> Delete |
| NAME           | SIMMONS, SHERYL M      |                                 |
| STREET ADDRESS | ONE PHICO DRIVE        |                                 |
| CITY-ST-ZIP    | MECHANICSBURG PA 17055 |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | MYERS, ELLEN L         |                                 |
| STREET ADDRESS | ONE PHICO DRIVE        |                                 |
| CITY-ST-ZIP    | MECHANICSBURG PA 17055 |                                 |
| TITLE          | DC                     | <input type="checkbox"/> Delete |
| NAME           | SCANLAN, CAROLYN F     |                                 |
| STREET ADDRESS | 4750 LINDLE ROAD       |                                 |
| CITY-ST-ZIP    | HARRISBURG PA          |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | CREAMER, DONALD R      |                                 |
| STREET ADDRESS | 1001 GRAMPIAN BLVD     |                                 |
| CITY-ST-ZIP    | WILLIAMSPORT PA        |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ellen L. Myers*

Ellen L. Myers

4/24/2000

(717) 766-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment  
9480216  
#803104

FLORIDA 2000 UNIFORM BUSINESS REPORT FOR PENNSYLVANIA CASUALTY COMPANY

12. ADDITIONAL OFFICERS AND DIRECTORS

V  
ANDERSON, JUDITH L.  
ONE PHICO DR., PO BOX 85  
MECHANICSBURG, PA 17055

V  
MITCHELL, MARK O.  
ONE PHICO DR., PO BOX 85  
MECHANICSBURG, PA 17055

V  
REIDER, VICTORIA A.  
ONE PHICO DR., PO BOX 85  
MECHANICSBURG, PA 17055

V  
SULLIVAN, MICHAEL C.  
ONE PHICO DR., PO BOX 85  
MECHANICSBURG, PA 17055

V  
AMICE, PATRICK J.  
ONE PHICO DR., PO BOX 85  
MECHANICSBURG, PA 17055

V  
BRICKER, MICHAEL C.  
ONE PHICO DR., PO BOX 85  
MECHANICSBURG, PA 17055

V  
BURNS, WILLIAM E.  
ONE PHICO DR., PO BOX 85  
MECHANICSBURG, PA 17055

V  
CHRONISTER, RONALD E.  
ONE PHICO DR., PO BOX 85  
MECHANICSBURG, PA 17055

V  
CURRY, ROBERT E.  
ONE PHICO DR., PO BOX 85  
MECHANICSBURG, PA 17055

V  
FOGG, STEPHEN J.  
ONE PHICO DR., PO BOX 85  
MECHANICSBURG, PA 17055

D  
DAMERJIAN, ROBERT S.  
SUBURBAN STATION BUILDING  
ONE PENN CENTER PLAZA, SUITE 838  
PHILADELPHIA, PA 19103

D  
FIXLER, ELLIOT H.  
47 GLENEIDA AVENUE  
CARMEL, NY 10512

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

D  
FOSTER, CONSTANCE B.  
PENN NATIONAL INSURANCE TOWER  
2 NORTH SECOND STREET, 7<sup>TH</sup> FLOOR  
HARRISBURG, PA 17101

D  
KEARNS, KEVIN P.  
GRADUATE SCHOOL OF PUBLIC &  
INTERNATIONAL AFFAIRS  
3E17 FORBES QUAD  
UNIVERSITY OF PITTSBURGH  
PITTSBURGH, PA 15260

Attachment  
948026  
#803104

FLORIDA UNIFORM BUSINESS REPORT  
DIRECTORS & OFFICERS CONT'D  
PAGE 2

D  
MULHOLLAND, DONNA A.  
250 SOUTH 21<sup>ST</sup> STREET  
EASTON, PA 18042

D  
NATION, ROBERT F.  
1924 MARKET STREET  
CAMP HILL, PA 17011

D  
ORTENZIO, ROCCO A.  
4718 OLD GETTYSBURG ROAD  
MECHANICSBURG, PA 17055

D  
TRESSLER, DAVID L.  
B.D.A. BUILDING, SUITE 204  
ABBINGTON EXECUTIVE PARK  
CLARKS SUMMIT, PA 18411