

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/26/01

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90268 002 \*\*\*150.00

**DOCUMENT # 803104**

1. Entity Name **CORRECTED COPY**  
**PENNSYLVANIA CASUALTY COMPANY**

Principal Place of Business Mailing Address  
**ONE PHICO DRIVE P.O. BOX 2021**  
**MECHANICSBURG PA 17055 MECHANICSBURG PA 17055-0783**  
**US US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country  
**17050**

4. FEI Number **06-1243827** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FLORIDA INSURANCE COMMISSIONER**  
**CAPITOL BUILDING**  
**TALLAHASSEE FL**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City State 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Constance B. Foster	
STREET ADDRESS	One Phico Drive	
CITY-STATE-ZIP	Mechanicsburg, PA 17050-2797	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	Mechanicsburg, PA 17050-2797	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	Mechanicsburg, PA 17050-2797	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 another title empowered.

SIGNATURE: *Sheryl M. Simmons* Sheryl M. Simmons, 4/20/01 (717) 766-1122  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR & Treasurer Date Daytime Phone #

*Sheryl M. Simmons*

5/15/01

CR2E034 (10/00)