

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 21 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807166

1. Corporation Name

PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE
COMPANY

Principal Place of Business

Mailing Address

TWO NORTH SECOND STREET
HARRISBURG PA 17101

P.O. BOX 2361
HARRISBURG PA 17105-2361

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

C/O Scott Cray
P.O. Box 2361
Harrisburg, PA.
17105-2361 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1946

5. FEI Number

23-0861349

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SGCD	SHUTTS, K-R Kenneth R.	TWO NORTH SECOND STREET	HARRISBURG PA 17101
PD	TAYLOR, J. I.	TWO NORTH SECOND STREET	HARRISBURG PA 17101
PD	ROWE, B-C Dennis C.	TWO NORTH SECOND STREET	HARRISBURG PA 17101
TD	KLINE, B-L	TWO NORTH SECOND STREET	HARRISBURG PA 17101
V	SCIORILLI, T-A Thomas A.	TWO NORTH SECOND STREET	HARRISBURG PA 17101
T	Sears, Christine	" " "	" " "

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32304

Name

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

Suite, Apt. #, Etc.

City

500003043035-4

-11/12/99--01098--007

***750.00 ***750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTINE SEARS, TREASURER

10/20/99

Date

(717) 234-4941

Daytime Phone #