

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **807448** (6)
1. Corporation Name
PENNSYLVANIA MILLERS MUTUAL INSURANCE COMPANY



Principal Place of Business: P.O. BOX P, WILKES BARRE PA 18773-0016
Mailing Address: P.O. BOX P, WILKES BARRE PA 18773-0016

3. Date Incorporated or Qualified: 10/08/1947
3a. Date of Last Report: 05/01/1995
4. FEI Number: 24-0686200
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**THE INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURKE, JACK L	
STREET ADDRESS	3 DEAR MEADOW DR	
CITY-ST-ZIP	DALLAS PA	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	KEHOE, M J	
STREET ADDRESS	246 DEER RUN RD	
CITY-ST-ZIP	CLARKS SUMMIT PA	
TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	DONNELLY, THOMAS C.	
STREET ADDRESS	106 WHITE BIRCH LANE	
CITY-ST-ZIP	DALLAS PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KNOUSE, RONALD I.	
STREET ADDRESS	RD. #1	
CITY-ST-ZIP	STILLWATER PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'BRIEN, JOSEPH E.	
STREET ADDRESS	712 MEADE ST.	
CITY-ST-ZIP	NANTICOKE, PA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *M. J. Kehoe* M. J. KEHOE 3/20/96 (717) 822-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)