

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/08/1947	3a. Date of Last Report 04/30/1996
21. Street, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 24-0686200	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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

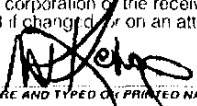
12. OFFICERS AND DIRECTORS

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	108 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	246 DEER RUN DRIVE
2.4 CITY-ST-ZIP	MOUNTAINTOP PA
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 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.

SIGNATURE:  **M.J. KEHOE** 4/7/97 (717) 822-8111

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

CR2E034 (9/96)

**PENNSYLVANIA MILLERS MUTUAL INSURANCE COMPANY
WILKES-BARRE**

<u>Title</u>	<u>Officers</u>	
V	Petchel, Sharon A.	RR #3, Box 95, Drums, PA 18222
V	Roberts, Harold W.	1204 Oak Dr., Shavertown, PA 18708
V	Spencer, William J., Jr.	530 Jefferson Blvd, Lake Ariel PA 18436
	<u>Directors Name</u>	
Chrmn	Rose, Harold J., Jr.	PO Box #89, Dallas, PA 18612
	Ackerman, F. Kenneth, Jr.	307 Kaseville Road, Danville, PA 17821
	Burke, Jack L.	3 Deer Meadow Drive, Dallas, PA 18612
	Donnelly, Thomas C.	106 White Birch Lane, Dallas, PA 18612
	Randolph, John M., Jr.	RR #4 Box 174R, Huntsville, PA 18612
	Revie, James M.	PO Box 215, Erwinna, PA 18920
	Rockwell, James H.	39 East Union Street, Canton, PA 17724
	Sproul, Joseph H., Jr.	PO Box 63, Waverly, PA 18471
	Umphred, William J., Sr.	1045 Lantern Hill Rd, Shavertown PA 18708