

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business <b>P.O. BOX P                  WILKES BARRE PA 18773-0016</b>	Mailing Address <b>P.O. BOX P                  WILKES BARRE PA 18773-0016</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/08/1947</b>	
21		26		4. FEI Number <b>24-0686200</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	Country	29 Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE INSURANCE COMMISSIONER                  CAPITOL BLDG                  TALLAHASSEE FL 32304</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0509 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKE, JACK L</b>	1.2 NAME	
STREET ADDRESS	<b>3 DEAR MEADOW DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEHOE, M J</b>	2.2 NAME	
STREET ADDRESS	<b>248 DEER RUN DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOUNTAINTOP PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPDS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNELLY, THOMAS C.</b>	3.2 NAME	
STREET ADDRESS	<b>108 WHITE BIRCH LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOUSE, RONALD I.</b>	4.2 NAME	
STREET ADDRESS	<b>RD. #1</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STILLWATER PA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN, JOSEPH E.</b>	5.2 NAME	
STREET ADDRESS	<b>712 MEADE ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NANTICOKE, PA 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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** VICE PRESIDENT/TREASURER 4 5 98 (717) 822-8111

CR2E034 (10/97)

**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
SR 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
	Churnetski, John L.	1341 South Main St. Wilkes-Barre PA 18702
	Donnelly, Thomas C.	106 White Birch Lane, Dallas, PA 18612
	Nearing, Robert A.	18 Crestmont Dr Honesdale PA 18431
	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