


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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90194 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 807448**

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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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>10/08/1947</b>	
4. FEI Number <b>24-0686200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, JACK L	1.2 NAME	
STREET ADDRESS	3 DEAR MEADOW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS PA	1.4 CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHOE, M J	2.2 NAME	
STREET ADDRESS	246 DEER RUN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAINTOP PA	2.4 CITY-ST-ZIP	
TITLE	VPDS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, THOMAS C.	3.2 NAME	VS
STREET ADDRESS	106 WHITE BIRCH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS PA	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOUSE, RONALD I.	4.2 NAME	V
STREET ADDRESS	RD. #1	4.3 STREET ADDRESS	SPENCER, JR., WILLIAM JOSEPH
CITY-ST-ZIP	STILLWATER PA	4.4 CITY-ST-ZIP	530 JEFFERSON BOULEVARD LAKE ARIEL, PA 18436
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, JOSEPH E.	5.2 NAME	
STREET ADDRESS	712 MEADE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NANTICOKE, PA 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V
STREET ADDRESS		6.3 STREET ADDRESS	ROBERTS, HAROLD WALTER
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1204 OAK DRIVE SHAVERTOWN, PA 18708

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, with all other like empowered.

SIGNATURE: *MJ Kehoe* MJ KEHOE Date: 4/28/99 (570) 822-8111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)

535443-40144-11  
Doc #807448

DIRECTORS

TITLE D  
NAME Ackerman, Jr., Franklin K.  
STREET ADDRESS 307 Kaseville Road  
CITY-ST-ZIP Danville, PA 17821

TITLE D  
NAME Belin, Esq., Dorrance R.  
STREET ADDRESS PO Box 53  
CITY-ST-ZIP Waverly, PA 18471

TITLE PD  
NAME Burke, Jack L.  
STREET ADDRESS 3 Deer Meadow Drive  
CITY-ST-ZIP Dallas, PA 18612

TITLE D  
NAME Churnetski, John L.  
STREET ADDRESS 1341 South Main Street  
CITY-ST-ZIP Wilkes-Barre, PA 18702

TITLE D  
NAME Michelstein, Kim E.  
STREET ADDRESS 221 Joseph Drive  
CITY-ST-ZIP Kingston, PA 18704

TITLE D  
NAME Nearing, Jr., Robert A.  
STREET ADDRESS 18 Crestmont Drive  
CITY-ST-ZIP Honesdale, PA 18431

TITLE D  
NAME Randolph, Jr., John M.  
STREET ADDRESS RR #4 Box 174R  
CITY-ST-ZIP Huntsville, PA 18612

TITLE D  
NAME Revie, James M.  
STREET ADDRESS 338 River Road, Bridge Three  
CITY-ST-ZIP Pipersville, PA 18947

TITLE D  
NAME Rockwell, James H.  
STREET ADDRESS 39 East Union Street  
CITY-ST-ZIP Canton, PA 17724

TITLE CD  
NAME Rose, Jr., Harold J.  
STREET ADDRESS PO Box 89  
CITY-ST-ZIP Dallas, PA 18612

TITLE D  
NAME Sproul, Jr., Joseph H.  
STREET ADDRESS Linair Farms Road, PO Box 63  
CITY-ST-ZIP Waverly, PA 18471

TITLE D  
NAME Unphred, Sr., William J.  
STREET ADDRESS 40 Hedge Row Run  
CITY-ST-ZIP Clarks Summit, PA 18411

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OFFICERS

TITLE PD  
NAME Burke, Jack L.  
STREET ADDRESS 3 Deer Meadow Drive  
CITY-ST-ZIP Dallas, PA 18612

TITLE VS  
NAME Donnelly, Thomas C.  
STREET ADDRESS 106 White Birch Lane  
CITY-ST-ZIP Dallas, PA 18612

TITLE VT  
NAME Keohe, Michael J.  
STREET ADDRESS 246 Deear Run Drive  
CITY-ST-ZIP Mountaintop, PA 18707

TITLE V  
NAME O'Brien, Joseph E.  
STREET ADDRESS 712 Meade Street  
CITY-ST-ZIP Nanticoke, PA 18634

TITLE V  
NAME Roberts, Harold W.  
STREET ADDRESS 1204 Oak Drive  
CITY-ST-ZIP Shavertown, PA 18708

TITLE CD  
NAME Rose, Jr., Harold J.  
STREET ADDRESS PO Box 89  
CITY-ST-ZIP Dallas, PA 18612

TITLE V  
NAME Spencer, Jr., William J.  
STREET ADDRESS 530 Jefferson Boulevard  
CITY-ST-ZIP Lake Ariel, PA 18436