

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90006 018 ***150.00

DOCUMENT # 807448

1. Entity Name

PENN MILLERS INSURANCE COMPANY

Principal Place of Business

Mailing Address

P.O. BOX P
 WILKES BARRE PA 18773-0016

P.O. BOX P
 WILKES BARRE PA 18773-0016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **24-0686200**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32304**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	BURKE, JACK L		
3 DEAR MEADOW DR	DALLAS PA		
TV	KEHOE, M J	V	DECESARIS, MARK J
246 DEER RUN DRIVE	MOUNTAINTOP PA	118 MARIA DRIVE	WYOMING PA 18644
VS	DONNELLY, THOMAS C.	VST	
106 WHITE BIRCH LANE	DALLAS PA		
V	SPENCER, WILLIAM JOSEPH JR		
530 JEFFERSON BLVD	LAKE ARIEL PA 18436		
V	O'BRIEN, JOSEPH E.		
712 MEADE ST.	NANTICOKE PA		
V	ROBERTS, HAROLD WALTER		
1204 OAK DRIVE	SHAVERTOWN PA 18708		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Thomas C. Donnelly* THOMAS C. DONNELLY

4/19/2000

(570) 822-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)