2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2002 8:00 am Secretary of State DOCUMENT # 807448 1. Entity Name 05-05-2002 90059 038 ***150.00 PENN MILLERS INSURANCE COMPANY Principal Place of Business Mailing Address P.O. BOX P P.O. BOX P WILKES BARRE PA 18773-0016 WILKES BARRE PA 18773-0016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 24-0686200 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG TALLAHASSEE FL 32304 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) . Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CONTROLLER TITLE ☐ Change X Addition BURKE, JACK L NAME LYNN E. LASWELL 3 DEAR MEADOW DR STREET ADDRESS STREET ADDRESS 72 N. FRANKLIN ST. CITY-ST-ZIP DALLAS PA CITY-ST-7/P WILKES-BARRE PA. 18773 TITLE ☐ Delete CHAIRMAN OF THE BOARD Change NAME DECESARIS, MARK J HAROLD JEROME ROSE STREET ADDRESS 118 MARIA DR STREET ADDRESS P.O. BOX 89 CITY-ST-ZIP WYOMING PA 18644 CITY-ST-ZIP DALLAS PA. 18612 TITLE ☐ Delete TITLE VICE CHAIRMAN OF THE BOARD J. HARVEY SPROUL JR. NAME DONNELLY, THOMAS C. NAME STREET ADDRESS 106 WHITE BIRCH LANE STREET ADDRESS LINAIR FARMS RD., P.O. BOX 63 CITY-ST-ZIP DALLAS PA CITY-ST-ZIP WAVERLY PA. 18471 ASSISTANT VICE PRES. JOSEPH JAMES SURVILLA TITLE ☐ Delete TITLE Change X Addition SPENCER, WILLIAM JOSEPH JR NAME NAME STREET ADDRESS 530 JEFFERSON BLVD 72 SHADY TREE DR. STREET ADDRESS CITY-ST-7IP LAKE ARIEL PA 18436 CITY-ST-ZIP MOUNTAINTOP PA. 18707 TITLE ☐ Delete ASSISTANT VICE PRES. TITLE ☐ Change X Addition O'BRIEN, JOSEPH E. NAME NAME PATRICIA ANN STAPLES STREET ADDRESS 712 MEADE ST. STREET ADDRESS BOX 492 CITY-ST-ZIP NANTICOKE PA CITY-ST-ZIP WAVERI.Y PA. 18471

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 price) like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🕓

STREET ADDRESS

CITY-ST-ZIP

ROBERTS, HAROLD WALTER

SHAVERTOWN PA 18708

1204 OAK DRIVE

☐ Delete

THOMAS C. DONNELLY

☐ Change

☐ Addition

CR2E034 (9/01