

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91283 027 \*\*\*150.00

**DOCUMENT # 807448**  
 1. Entity Name  
**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.

City & State City & State

Zip Country Zip Country

**SECRET**



MOORE CR2E034 (11/03)

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  
**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE FL 32399-0000**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURKE, JACK L	
STREET ADDRESS	72 N.FRANKLIN STREET,P.O.BOX P	
CITY-ST-ZIP	WILKES-BARRE PA 18773-0016	
TITLE	SVPC	<input type="checkbox"/> Delete
NAME	BANKS, MIKE	
STREET ADDRESS	72 N.FRANKLIN STREET,P.O.BOX P	
CITY-ST-ZIP	WILKES-BARRE PA 18773-0016	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	DONNELLY, TOM	
STREET ADDRESS	72 N.FRANKLIN STREET,P.O.BOX P	
CITY-ST-ZIP	WILKES-BARRE PA 18773-0016	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SPENCER, BILL	
STREET ADDRESS	72 N.FRANKLIN STREET,P.O.BOX P	
CITY-ST-ZIP	WILKES-BARRE PA 18773-0016	
TITLE	VP	<input type="checkbox"/> Delete
NAME	O'BRIEN, JOE	
STREET ADDRESS	72 N.FRANKLIN STREET,P.O.BOX P	
CITY-ST-ZIP	WILKES-BARRE PA 18773-0016	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBERTS, HAROLD	
STREET ADDRESS	72 N.FRANKLIN STREET,P.O.BOX P	
CITY-ST-ZIP	WILKES-BARRE PA 18773-0016	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive VP, CFO, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael O. Banks **MICHAEL O. BANKS** 4/15/04 670922-8111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54042924

#807448

**Penn Millers Insurance Company Officers**  
All at 72 N. Franklin Street, P. O. Box P Wilkes-Barre, PA 18773-0016

Jack L. Burke	President & CEO
Michael O. Banks	Executive VP, CFO & Treasurer
Thoams C. Donnelly	Secretary
William J. Spencer	Executive Vice President
Joseph E. O'Brien	Vice President
Harold W. Roberts	Vice President
Kevin Higgins	Vice President
Joseph Survilla	Vice President

Attachment

540 42924  
# 807448

**Penn Millers Board of Directors**

<u>Name</u>	<u>Business</u>	<u>Residence</u>
F. Kenneth Ackerman, Jr.	Clark/Bardes Consulting - Healthcare Group 608 Second Avenue South Suite 370	The Marquette Place 1314 Marquette Avenue Apt. #3001 Minneapolis, MN 55403
Dorrance R. Belin, Esq.	Oliver, Price & Rhodes 1212 South Abington Road P. O. Box 240 Clarks Summit, PA 18411	P. O. Box 53 Waverly, PA 18471
Jack L. Burke	Penn Millers Insurance Co 72 North Franklin Street P. O. Box P Wilkes-Barre, PA 18773	645 Meadows Newberry Estate Dallas, PA 18612
John L. Churnetski	Quad Three Group, Inc. 37 North Washington Street Wilkes-Barre, PA 18701	1341 South Main Street Wilkes-Barre, PA 18706
Kim E. Michelstein	Benco Dental Company 11 Bear Creek Boulevard Wilkes-Barre, PA 18702	221 Joseph Drive Kingston, PA 18704
Robert A. Nearing Jr.	Cochecton Mills 30 Depot Road Drawer A Cochecton, NY 12726-5221	18 Crestmont Drive Honesdale, PA 18431
William A. Ray	Towers Perrin Reinsurance Mellon Bank Center 1735 Market Street Philadelphia, PA 19103-7501	163 Colket Lane Devon, PA 19333
James M. Revie	S. A. Powell Address same as Pipersville	388 River Road Bridge Three Pipersville, PA 18947
Heather Acker	Gentex Corporation Carbondale, PA 18407	
J. Harvey Sproul, Jr. Chairman of the Board of Penn Millers Group	H. B. Sproul Construction Co. 101 Center Street P. O. Box 267 Clarks Summit, PA 18411	Linair Farms Road P. O. Box 63