

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807448

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: PENN MILLERS INSURANCE COMPANY

**Current Principal Place of Business:**

72 N FRANKLIN ST.  
WILKES BARRE, PA 18701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX P  
WILKES BARRE, PA 187730016

**New Mailing Address:**

FEI Number: 24-0686200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GAUDET, DOUGLAS A  
Address: 72 N. FRANKLIN ST., PO BOX P  
City-St-Zip: WILKES BARRE, PA 187730016

Title: VTS ( ) Delete  
Name: BANKS, MIKE  
Address: 72 N.FRANKLIN STREET,P.O.BOX P  
City-St-Zip: WILKES-BARRE, PA 187730016

Title: V ( ) Delete  
Name: JOANLANNE, FRANK  
Address: 72 NORTH FRANKLIN STREET PO BOX P  
City-St-Zip: WILKES-BARRE, PA 187730016

Title: V ( ) Delete  
Name: BERRINI, MICHAEL  
Address: 72 N.FRANKLIN STREET,P.O.BOX P  
City-St-Zip: WILKES-BARRE, PA 187730016

Title: V ( ) Delete  
Name: COUCH, JONATHAN C  
Address: 72 N FRANKLIN ST., PO BOX P  
City-St-Zip: WILKES BARRE, PA 18773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: ROBERTS, HAROLD A  
Address: 72 N.FRANKLIN STREET,P.O.BOX P  
City-St-Zip: WILKES-BARRE, PA 187730016

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN COUCH

V

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date