

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807448

FILED
Feb 16, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: V
Name: FRY, KEITH A
Address: 72 N FRANKLIN ST., PO BOX P
City-St-Zip: WILKES BARRE, PA 18773

I hereby 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 all other like empowered.

SIGNATURE: JONATHAN COUCH

V

02/16/2011

Electronic Signature of Signing Officer or Director

_____ Date