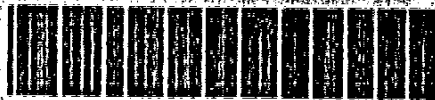


**FILE NOW: FILING FE**

**CORPORATION  
ANNUAL REPORT  
1995**



**23-0813860  
LITITZ MUTUAL INSURANCE COMPANY**

**APPROVED  
AND  
FILED**

**95 MAR -2 PM 3:07**

**DOCUMENT # 807661 (4)**

**1. Corporation Name  
LITITZ MUTUAL INSURANCE COMPANY**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**Principal Place of Business Mailing Address**  
**2 NORTH BROAD STREET 2 NORTH BROAD STREET**  
**P.O. BOX 900 P.O. BOX 900**  
**LITITZ PA 17543-7007 LITITZ PA 17543-7007**  
**US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/26/1948</b>	3a. Date of Last Report <b>03/01/1994</b>
4. FEI Number <b>23-0813860</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE FL 32304</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORST, CLYDE W.	1.2 NAME	
STREET ADDRESS	2155 WATERFORD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBEL, JOHN R.	2.2 NAME	
STREET ADDRESS	R.D. #4 BOX 16	2.3 STREET ADDRESS	
CITY-ST-ZIP	LITITZ PA	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBEL, HENRY H	3.2 NAME	
STREET ADDRESS	11 E. THIRD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LITITZ PA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUDER, LARRY D.	4.2 NAME	
STREET ADDRESS	690 ORCHARD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANHEIM PA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JACK S	5.2 NAME	
STREET ADDRESS	125 W. LEMON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITITZ PA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, PAUL G.	6.2 NAME	
STREET ADDRESS	514 SOUTH BROAD ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITITZ PA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry H. Gibbel February 23, 1995 (717)626-4751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HENRY H. GIBBEL, PRESIDENT/CEO**

Item #4 - As Follows:

Clyde W. Horst Chairman/Director	2155 Waterford Dr., Lancaster, PA
Henry H. Gibbel President/CEO/Director	11 East Third Ave., Lititz, PA
Henry R. Gibbel Secretary/Vice President Marketing/Director	244 Hickory Drive, Lititz, PA
John R. Gibbel Vice President/General Counsel/Director	R D #4, Box 16, Lititz, PA
Philip S. Terry Treasurer/Vice President Info Systems	6333 Cottage Ave., E.Petersburg, PA
Richard O. Brown Vice President Office Services	10 Pfautz Ave., Lititz, PA
Charles A. Michael Vice President Underwriting	209 Oxford Dr., Lititz, PA
Glenn H. Shelly Vice President & Controller	157 South Penn St., Manheim, PA
Paul E. Welliver Vice President Claims	322 South Broad St., Lititz, PA
Larry D. Sauder Director	690 Orchard Rd., Manheim, PA
Paul G. Hess Director	514 South Broad Street, Lititz, PA
Jack S. Watson Director	125 West Lemon Street, Lititz, PA

>>SEE ATTACHED>>