

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS



23-0813860
LITITZ MUTUAL INSURANCE COMPANY

DOCUMENT # 807661 (4)

1. Corporation Name
LITITZ MUTUAL INSURANCE COMPANY



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

3. Date Incorporated or Qualified: 07/26/1948
3a. Date of Last Report: 03/02/1995
4. FEI Number: 23-0813860
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32304

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: *Henry H. Gibbel* (Signature of Registered Agent)
DATE: February 22, 1996

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: CD 12.2 NAME: HORST, CLYDE W. 12.3 STREET ADDRESS: 2155 WATERFORD DRIVE 12.4 CITY, ST, ZIP: LANCASTER PA <input type="checkbox"/> DELETE	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY, ST, ZIP:
12.5 TITLE: VD 12.6 NAME: GIBBEL, JOHN R. 12.7 STREET ADDRESS: R.D. #4 BOX 16 12.8 CITY, ST, ZIP: LITITZ PA <input type="checkbox"/> DELETE	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME: 13.7 STREET ADDRESS: 13.8 CITY, ST, ZIP:
12.9 TITLE: PD 12.10 NAME: GIBBEL, HENRY H 12.11 STREET ADDRESS: 11 E. THIRD AVE. 12.12 CITY, ST, ZIP: LITITZ PA <input type="checkbox"/> DELETE	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME: 13.11 STREET ADDRESS: 13.12 CITY, ST, ZIP:
12.13 TITLE: D 12.14 NAME: SAUDER, LARRY D. 12.15 STREET ADDRESS: 690 ORCHARD ROAD 12.16 CITY, ST, ZIP: MANHEIM PA <input type="checkbox"/> DELETE	13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME: 13.15 STREET ADDRESS: 13.16 CITY, ST, ZIP:
12.17 TITLE: D 12.18 NAME: WATSON, JACK S 12.19 STREET ADDRESS: 125 W. LEMON ST. 12.20 CITY, ST, ZIP: LITITZ PA <input type="checkbox"/> DELETE	13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME: 13.19 STREET ADDRESS: 13.20 CITY, ST, ZIP:
12.21 TITLE: D 12.22 NAME: HESS, PAUL G. 12.23 STREET ADDRESS: 514 SOUTH BROAD ST. 12.24 CITY, ST, ZIP: LITITZ PA <input type="checkbox"/> DELETE	13.21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME: 13.23 STREET ADDRESS: 13.24 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry H. Gibbel, President

February 22, 1996 717-626-4751

CR2E034 (12/95)

**LITITZ MUTUAL INSURANCE COMPANY
2 NORTH BROAD STREET, P O BOX 900
LITITZ PENNSYLVANIA 17543-7007
(717) 626-4751**

#12 Florida:

**CLYDE W. HORST - 2155 Waterford Drive, Lancaster, PA 17601
Chairman/Director**

**HENRY H. GIBBEL - 11 East Third Avenue, Lititz, PA 17543
President/CEO/Director**

**HENRY R. GIBBEL - 244 Hickory Drive, Lititz, PA 17543
Secretary/Vice President, Marketing/Director**

**JOHN R. GIBBEL - Box 16, Lititz, PA 17543
Vice President/General Counsel/Director**

**PAUL G. HESS - 514 South Broad Street, Lititz, PA 17543
Director**

**LARRY D. SAUDER - 690 Orchard Road, Box 306, Manheim, PA 17545
Director**

**JACK S. WATSON - 125 West Lemon Street, Lititz, PA 17543
Director**

**GLENN H. SHELLY - 7 Penny Lane, Lititz, PA 17543
Treasurer/Vice President, Finance**

**RICHARD O. BROWN - 10 Pfautz Avenue, Lititz, PA 17543
Vice President, Office Services**

**CHARLES A. MICHAEL - 209 Oxford Drive, Lititz, PA 17543
Vice President, Underwriting**

**PAUL E. WELLIVER - 322 South Broad Street, Lititz, PA 27654
Vice President, Claims**