

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818752

FILED
Jan 13, 2012
Secretary of State

Entity Name: PENNSYLVANIA GENERAL INSURANCE COMPANY

Current Principal Place of Business:

1717 ARCH STREET
STE 4700
PHILADELPHIA, PA 19103

New Principal Place of Business:

Current Mailing Address:

ONE BEACON LANE
CANTON, MA 02021

New Mailing Address:

150 ROYALL STREET
CANTON, MA 02021

FEI Number: 23-1471444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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: S
Name: MCCARTHY, VIRGINIA A
Address: 150 ROYALL STREET
City-St-Zip: CANTON, MA 02021

Title: DC
Name: MILLER, TIMOTHY M
Address: 601 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: VD
Name: ARCHIMEDES, ALEX C
Address: 44 WHIPPANY ROAD
City-St-Zip: MORRISTOWN, NJ 07960

Title: DP
Name: RICH, BRADFORD W
Address: 150 ROYALL STREET
City-St-Zip: CANTON, MA 02021

Title: DV
Name: MCDONOUGH, PAUL D
Address: 601 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: T
Name: MILLS, TODD C
Address: 150 ROYALL STREET
City-St-Zip: CANTON, MA 02021

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: VIRGINIA A. MCCARTHY

S

01/13/2012

Electronic Signature of Signing Officer or Director

_____ Date