

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # 836280

1. Entity Name
**PENNSYLVANIA MANUFACTURERS' ASSOCIATION
INSURANCE COMPANY**



Principal Place of Business
**380 SENTRY PARKWAY
BLUE BELL, PA 19422 US**

Mailing Address
**380 SENTRY PARKWAY
BLUE BELL, PA 19422 US**



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-1642962

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HITSELBERGER, WILLIAM
380 SENTRY PARKWAY
BLUE BELL, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DONNELLY, VINCENT
380 SENTRY PARKWAY
BLUE BELL, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SCHRAMM, HENRY O II
688 CONESTOGA RD.
BERWYN, PA 19312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
COCHRANE, JOHN M
380 SENTRY PARKWAY
BLUE BELL, PA 19422**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SUTHERLAND, BARBARA L
380 SENTRY PARKWAY
BLUE BELL, PA 19422**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000552435
05/15/06-80013-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

John M Cochrane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 610-397-56
Date Daytime Phone #