

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90276 001 ***450.00

DOCUMENT # 836280

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



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04292008 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

V ☐ Delete
NAME **BRADY, KEVIN M**
STREET ADDRESS **380 SENTRY PARKWAY**
CITY-ST-ZIP **BLUE BELL, PA 19422**

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

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T ☐ Change ☒ Addition
NAME **VITO A. NIGRO**
STREET ADDRESS **380 SENTRY PARKWAY**
CITY-ST-ZIP **BLUE BELL, PA 19422**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

04-30-08 (610) 397-5000
Date Daytime Phone #