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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **842014** **(3)**

1. Corporation Name
PROTECTED HOME MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
30 E. STATE STREET SHARON PA 16146	30 E. STATE STREET SHARON PA 16146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/11/1978**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **25-0740310** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE, FL M

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	MCCONNELL, WILLIAM	12 NAME		
STREET ADDRESS	4805 CASSADY DROAD	13 STREET ADDRESS		
CITY-ST-ZIP	SHARPSVILLE, PA 00000	14 CITY ST ZIP	Sharpsville PA 16150	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	BUCHMAN, ROY F., JR.	22 NAME		
STREET ADDRESS	770 KOONCE ROAD	23 STREET ADDRESS	1196 Imperial Drive	
CITY-ST-ZIP	SHARON PA	24 CITY ST ZIP	Naples FL 33942	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	SHAM, LEO J.	32 NAME		
STREET ADDRESS	284 FORKER BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	SHARON PA	34 CITY ST ZIP	Sharon PA 16146	
TITLE	VT	41 TITLE		☒ Change ☐ Addition
NAME	DAVIS, ROBERT M.	42 NAME		
STREET ADDRESS	4744 THOMASON RD.	43 STREET ADDRESS		
CITY-ST-ZIP	SHARPSVILLE PA	44 CITY ST ZIP	Sharpsville PA 16150	
TITLE	PD	51 TITLE		☒ Change ☐ Addition
NAME	MILLER, LEONARD S.	52 NAME		
STREET ADDRESS	1247 FOXWOOD DR	53 STREET ADDRESS		
CITY ST ZIP	HERMITAGE PA	54 CITY ST ZIP	Hermitage PA 16148	
TITLE	V	61 TITLE		☒ Change ☐ Addition
NAME	BURCKART, RAYMOND	62 NAME		
STREET ADDRESS	611 KOEHLER DR	63 STREET ADDRESS		
CITY ST ZIP	SHARPSVILLE PA	64 CITY ST ZIP	Sharpsville PA 16150	

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 (changed, or on an attachment with an address).

SIGNATURE: Robert M. Davis 4/12/95 (412) 981-1520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Financial V.P & Treasurer
Title

0485068 FN

8/12/014

TITLE	D
NAME	Bruce, Robert E.
ADDRESS	441 Park Lane
CITY-ST-ZIP	Lake Bluff IL 60044

TITLE	D
NAME	Smith, Vernon C., Jr.
ADDRESS	198 Case Avenue
CITY-ST-ZIP	Sharon, PA 16146

TITLE	D
NAME	Van Auken, Robert W.
ADDRESS	P O Box 1539 (N/A)
CITY-ST-ZIP	Bluffton, SC 29910-1539

TITLE	D
NAME	May, Ernest Dale
ADDRESS	608 Forrest Drive
CITY-ST-ZIP	Grove City, PA 16127

TITLE	S
NAME	Holliday, Georgianne K.
ADDRESS	330 Rexford Drive, Apt. 18
CITY-ST-ZIP	Hermitage, PA 16148

TITLE	A/T
NAME	James, William F., III
ADDRESS	320 N Myers Avenue
CITY-ST-ZIP	Sharon, PA 16146