

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 30 E. STATE STREET
SHARON PA 16146 SHARON PA 16146-1705

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1978		3a. Date of Last Report 04/19/1996	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 25-0740310		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE, FL M

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCONNELL, WILLIAM			1.2 NAME			
STREET ADDRESS	4805 CASSADY DROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	SHARPSVILLE PA			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUCHMAN, ROY F., JR.			2.2 NAME			
STREET ADDRESS	1196 IMPERIAL DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAM, LEO J.			3.2 NAME			
STREET ADDRESS	284 FORKER BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SHARON PA			3.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, ROBERT M.			4.2 NAME			
STREET ADDRESS	313 CANTERBURY COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	SHARPSVILLE PA			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, LEONARD S.			5.2 NAME			
STREET ADDRESS	1247 FOXWOOD DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	HERMITAGE PA			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURCKART, RAYMOND			6.2 NAME			
STREET ADDRESS	611 KOEHLER DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	SHARPSVILLE PA			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Davis
Financial V.P. & Treasurer

4/16/97

(412) 981-1520

Daytime Phone #

0504757

CR2E034 (9/96)



PROTECTED HOME MUTUAL LIFE INSURANCE COMPANY

30 EAST STATE STREET • SHARON, PA 16146 • PHONE (412) 981-1520

TITLE D
NAME Gaugh, Richard A.
ADDRESS 144 Woodhaven Lane
CITY-ST-ZIP Pittsburgh, PA 15237

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 63 Victoria
CITY-ST-ZIP Hilton Head Island, SC 29926

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

TITLE S
NAME Holliday, Georgianne K.
ADDRESS 685 Theresa Avenue #102
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