

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842014 (3)
1. Corporation Name
PROTECTED HOME MUTUAL LIFE INSURANCE COMPANY

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

Mailing Address
30 E. STATE STREET
SHARON PA 16146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1978	
21		26		4. FEI Number 25-0740310	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
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 _____ (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	McConnell, William G.
STREET ADDRESS	4805 CASSADY DROAD	1.3 STREET ADDRESS	4805 Cassady Road
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ROBERT M.	4.2 NAME	
STREET ADDRESS	4212 BLUE JAY DRIVE	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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCKART, RAYMOND E.	6.2 NAME	
STREET ADDRESS	611 KOEHLER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHARPSVILLE PA	6.4 CITY-ST-ZIP	

14. I 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: _____ 4/7/98 (724) 981-1520

CR2E034 (10/97)



PROTECTED HOME MUTUAL LIFE INSURANCE COMPANY

30 EAST STATE STREET • SHARON, PA 16146 • PHONE (724) 981-1520

**TITLE
NAME
ADDRESS
CITY-ST-ZIP**

**D
Gaugh, Richard A.
144 Woodhaven Lane
Pittsburgh, PA 15237**

**TITLE
NAME
ADDRESS
CITY-ST-ZIP**

**D
Van Auken, Robert W.
63 Victoria
Hilton Head Island, SC 29926**

**TITLE
NAME
ADDRESS
CITY-ST-ZIP**

**D
May, Ernest Dale
608 Forrest Drive
Grove City, PA 16127**

**TILE
NAME
ADDRESS
CITY-ST-ZIP**

**D
Feeney, James E.
505 Buhl Blvd.
Sharon, PA 16146**

**TITLE
NAME
ADDRESS
CITY-ST-ZIP**

**S
Holliday, Georgianne K.
685 Theresa Avenue #102
Hermitage, PA 16148**

**TITLE
NAME
ADDRESS
CITY-ST-ZIP**

**A/T
James, William F., III
320 N Myers Avenue
Sharon, PA 16146**