

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90043 046 ***150.00

DOCUMENT # 842014

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

3. Date Incorporated or Qualified

12/11/1978

4. FEI Number

25-0740310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MCCONNELL, WILLIAM G
STREET ADDRESS 4805 CASSADY DROAD
CITY-ST-ZIP SHARPSVILLE PA

TITLE D ☐ DELETE

NAME BUCHMAN, ROY F., JR.
STREET ADDRESS 1196 IMPERIAL DRIVE
CITY-ST-ZIP NAPLES FL

TITLE V ☒ DELETE

NAME SHAM, LEO J.
STREET ADDRESS 284 FORKER BLVD.
CITY-ST-ZIP SHARON PA

TITLE VT ☐ DELETE

NAME DAVIS, ROBERT M.
STREET ADDRESS 4212 BLUE JAY DRIVE
CITY-ST-ZIP SHARPSVILLE PA

TITLE PD ☐ DELETE

NAME MILLER, LEONARD S.
STREET ADDRESS 1247 FOXWOOD DR
CITY-ST-ZIP HERMITAGE PA

TITLE V ☐ DELETE

NAME BURCKART, RAYMOND E.
STREET ADDRESS 611 KOEHLER DR
CITY-ST-ZIP SHARPSVILLE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

4805 CASSADY ROAD

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

V
O'MALLEY, JOHN G.
1343 FOXWOOD DRIVE
HERMITAGE PA

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Davis, Operations V.P. and Treasurer

4/16/98

Date

(724) 981-1520

Daytime Phone #

CR2E034 (1/98)



PROTECTED HOME MUTUAL LIFE INSURANCE COMPANY

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

545478-90043-46

DOCH 842014

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