

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842014

1. Entity Name

PROTECTED HOME MUTUAL LIFE INSURANCE COMPANY

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90068 041 ***150.00

Principal Place of Business

Mailing Address

30 E. STATE STREET
SHARON PA 16146

30 E. STATE STREET
SHARON PA 16146-1705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-0740310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE, FL M

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, WILLIAM G 4805 CASSADY DROAD SHARPSVILLE PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHMAN, ROY F., JR. 1196 IMPERIAL DRIVE NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'MALLEY, JOHN G 1343 FOXWOOD DRIVE HERMITAGE PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DAVIS, ROBERT M. 4212 BLUE JAY DRIVE SHARPSVILLE PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, LEONARD S. 1247 FOXWOOD DR HERMITAGE PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURCKART, RAYMOND E. 611 KOEHLER DR SHARPSVILLE PA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D DEAL, FREDERICK A. 8990 BAY COLONY DRIVE #701 NAPLES, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

4/19/00

Date

724-981-1520

Daytime Phone #

Attachment
00074233
842014

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

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 D
NAME Feeney, James E.
ADDRESS 505 Buhl Blvd.
CITY-ST-ZIP Sharon, PA 16146

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