

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90297 048 \*\*\*150.00

**DOCUMENT # 842014**

1. Entity Name  
**PROTECTED HOME MUTUAL LIFE INSURANCE COMPANY**

Principal Place of Business <b>30 E. STATE STREET SHARON PA 16146</b>	Mailing Address <b>30 E. STATE STREET SHARON PA 16146</b>
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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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCCONNELL, WILLIAM G</b>
STREET ADDRESS	<b>4805 CASSADY DROAD</b>
CITY-ST-ZIP	<b>SHARPSVILLE PA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DEAL, FREDERICK A</b>
STREET ADDRESS	<b>8990 BAY COLONY DR #701</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete
NAME	<b>O'MALLEY, JOHN G</b>
STREET ADDRESS	<b>1343 FOXWOOD DRIVE</b>
CITY-ST-ZIP	<b>HERMITAGE PA</b>
TITLE	<b>VT</b> <input type="checkbox"/> Delete
NAME	<b>DAVIS, ROBERT M.</b>
STREET ADDRESS	<b>4212 BLUE JAY DRIVE</b>
CITY-ST-ZIP	<b>SHARPSVILLE PA</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>MILLER, LEONARD S.</b>
STREET ADDRESS	<b>1247 FOXWOOD DR</b>
CITY-ST-ZIP	<b>HERMITAGE PA</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>BURCKART, RAYMOND E.</b>
STREET ADDRESS	<b>611 KOEHLER DR</b>
CITY-ST-ZIP	<b>SHARPSVILLE PA</b>

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCONNELL, WILLIAM G</b>
STREET ADDRESS	<b>4805 CASSADY ROAD</b>
CITY-ST-ZIP	<b>SHARPSVILLE PA 16150</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, LEONARD S.</b>
STREET ADDRESS	<b>2241 RANDOM ROAD</b>
CITY-ST-ZIP	<b>JAMESTOWN PA 16134</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Robert M. Davis, Operations V.P. and Treasurer**      Date: **4/10/01**      Daytime Phone #: **724-981-1520**

CR2E034 (10/00)



Document # 842014

532753

**PROTECTED HOME MUTUAL  
LIFE INSURANCE COMPANY**

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

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

TILE 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