

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90405 003 ***150.00

DOCUMENT # 842014
 1. Entity 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**



DO NOT WRITE IN THIS SPACE

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 Applied For
25-0740310 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

7. Name and Address of New Registered Agent
 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 _____ 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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, WILLIAM G 4805 CASSADY DROAD SHARPSVILLE PA 16150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAL, FREDERICK A 8990 BAY COLONY DR #701 NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'MALLEY, JOHN G 1343 FOXWOOD DRIVE HERMITAGE PA <input checked="" 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. 2241 RANDOM ROAD JAMESTOWN PA 16134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURCKART, RAYMOND E. 611 KOEHLER DR SHAPRSVILLE PA <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AUPPERLE, STEVEN L. 222 CEDAR AVENUE SHARON PA
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: _____ **SIGNATURE REQUIRED** Date: **4/10/02** Daytime Phone #: **724-981-1520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert M. Davis, Operations V.P. and Treasurer

00001501

CR2E034 (9/01)



Attachment
**PROTECTED HOME MUTUAL
LIFE INSURANCE COMPANY**

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

842014
775298

April 10, 2002

Additional Principal Officers and Directors

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