

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90173 026 ***150.00

DOCUMENT # 842014

1. Entity 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**



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

CHECK HERE IF MAKING CHANGES

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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCONNELL, WILLIAM G	
STREET ADDRESS	4805 CASSADY DROAD	
CITY-ST-ZIP	SHARPSVILLE PA 16150	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAL, FREDERICK A	
STREET ADDRESS	8990 BAY COLONY DR #701	
CITY-ST-ZIP	NAPLES FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DAVIS, ROBERT M.	
STREET ADDRESS	4212 BLUE JAY DRIVE	
CITY-ST-ZIP	SHARPSVILLE PA	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	AUPPERLE, STEVEN L	
STREET ADDRESS	222 CEDAR AVE.	
CITY-ST-ZIP	SHARON PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURCKART, RAYMOND E.	
STREET ADDRESS	611 KOEHLER DR	
CITY-ST-ZIP	SHAPRSVILLE PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4805 Cassady Road	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	970 Barcarnil Way	
CITY-ST-ZIP	Naples FL 34110	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Sharpville PA 16150	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVP/COO	
STREET ADDRESS	746 Bobwhite Drive	
CITY-ST-ZIP	Hermitage PA 16148	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Sharpville PA 16150	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

4/17/03 724-981-1520

Date Daytime Phone #

CR2E034 (10/02)

Attachment: 842014
11009725

April 16, 2003

Additional Principal Officers and Directors

TITLE D
NAME Gaugh, Richard A.
ADDRESS 6 Ghost Grab Retreat
CITY-ST-ZIP Savannah, GA 31411

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 524 East Pine Street
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

TITLE D
NAME Smith, Robert E.
ADDRESS 463 Green Acre Circle
CITY-ST-ZIP Howard OH 43028