

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

1995 MAY - 1 11 2 00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 853328 (3)

1. Corporation Name:  
PENN CASUALTY INSURANCE COMPANY

600001478306  
-05/08/95--01024--016  
\*\*\*\*200.00 \*\*\*\*200.00

Principal Place of Business Mailing Address  
P O BOX 1771 P O BOX 1771  
4600 FULLER DR., IRVING, TX 75038 4600 FULLER DR., IRVING, TX 75038  
DALLAS TX 75221-1771 DALLAS TX 75221-1771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
06/30/1982 04/22/1994  
4. FEI Number Applied For  
95-3634110 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  
7. This corporation has liability for intangible tax under S. 199(3)(2), Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 State Apt # etc 26 State Apt # etc  
22 City & State 27 City & State  
23 City & State 28 City & State  
24 City & State 25 City & State 29 City & State 30 City & State

9. Name and Address of Current Registered Agent  
STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 8

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	P/C/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, CHRISTOPHER ER	1.2 NAME	WATSON, CHRISTOPHER E.
STREET ADDRESS	200 PARK AVENUE 31ST FLOOR	1.3 STREET ADDRESS	388 GREENWICH STREET, 21ST FLOOR
CITY ST ZIP	NEW YORK NY	1.4 CITY ST ZIP	NEW YORK, NY 10013-2396
TITLE	VD	2.1 TITLE	V/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVERS, JON M.	2.2 NAME	ZIEGLER, KENT W.
STREET ADDRESS	4600 FULLER DRIVE	2.3 STREET ADDRESS	388 GREENWICH STREET, 21ST FLOOR
CITY ST ZIP	IRVING TX	2.4 CITY ST ZIP	NEW YORK, NY 10013-2396
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, O. L.	3.2 NAME	
STREET ADDRESS	4600 FULLER DRIVE	3.3 STREET ADDRESS	
CITY ST ZIP	IRVING TX	3.4 CITY ST ZIP	
TITLE	SVD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECARLO, DONALD T.	4.2 NAME	
STREET ADDRESS	200 PARK AVENUE	4.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	4.4 CITY ST ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILL, MARC P.	5.2 NAME	
STREET ADDRESS	65 E. 55TH STREET	5.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	5.4 CITY ST ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACHARY, WAYNE REED JR	6.2 NAME	
STREET ADDRESS	4600 FULLER DR	6.3 STREET ADDRESS	
CITY ST ZIP	IRVING TX	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 its registered agent, or other person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 of this report.

SIGNATURE: *Wayne Reed Zachary*  
SIGNATURE AND TYPED OR PRINTED NAME OF BILLING OFFICER OR DIRECTOR

APRIL 6, 1995 Date 214-650-2800 (Toll-Free) 8