

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001430 (5)

1. Corporation Name
PENN CHARTER MUTUAL INSURANCE COMPANY

Principal Place of Business

2 N. BROAD ST
LITITZ PA 07543-7007

Mailing Address

PO BOX 800
LITITZ PA 17543-7007



3. Date Incorporated or Qualified
03/15/1996

3a. Date of Last Report
3/15/96

4. FEI Number

23-0953470

Applied For

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399-0300

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
officer 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

(Signature required for each officer and director and for the registered agent and title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HORST, CLYDE W	
STREET ADDRESS	2155 WATERFORD DR	
CITY- ST- ZIP	LANCASTER PA 17601	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	GIBBEL, HENRY H	
STREET ADDRESS	11 E. 3RD AVE	
CITY- ST- ZIP	LITITZ PA 17543	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBEL, HENRY H	
STREET ADDRESS	11 E. 3RD AVE	
CITY- ST- ZIP	LITITZ PA 17543	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	GIBBEL, HENRY R	
STREET ADDRESS	244 HICKORY DR	
CITY- ST- ZIP	LITITZ PA 17543	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GIBBEL, JOHN R	
STREET ADDRESS	828 BALLSTOWN RD	
CITY- ST- ZIP	LITITZ PA 17543	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HESS, PAUL G	
STREET ADDRESS	514 S. BROAD ST	
CITY- ST- ZIP	LITITZ PA 17543	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Henry H. Gibbel

February 18, 1997

717-626-4751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

**PENN CHARTER MUTUAL INSURANCE COMPANY
2 NORTH BROAD STREET, P O BOX 900
LITITZ PENNSYLVANIA 17543-7007
(717) 626-4751**

#12 Florida:

**CLYDE W. HORST - 2155 Waterford Drive, Lancaster, PA 17601
Chairman/Director**

**HENRY H. GIBBEL - 11 East Third Avenue, Lititz, PA 17543
President/CEO/Director**

**HENRY R. GIBBEL - 244 Hickory Drive, Lititz, PA 17543
Secretary/Vice President, Marketing/Director**

**JOHN R. GIBBEL - Box 16, Lititz, PA 17543
Vice President/General Counsel/Director**

**PAUL G. HESS - 514 South Broad Street, Lititz, PA 17543
Director**

**LARRY D. SAUDER - 690 Orchard Road, Box 306, Manheim, PA 17545
Director**

**JACK S. WATSON - 125 West Lemon Street, Lititz, PA 17543
Director**

**GLENN H. SHELLY - 7 Penny Lane, Lititz, PA 17543
Treasurer/Vice President, Finance**

**RICHARD O. BROWN - 10 Pfautz Avenue, Lititz, PA 17543
Vice President, Office Services**

**CHARLES A. MICHAEL - 209 Oxford Drive, Lititz, PA 17543
Vice President, Underwriting**

**PAUL E. WELLIVER - 322 South Broad Street, Lititz, PA 17543
Vice President, Claims**