

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

**FILED**  
**Mar 20 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>03/15/1996</b>	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>23-0953470</b>	Applied For Not Applicable
<b>22</b>	City & State	<b>27</b>	City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b>	Zip	<b>28</b>	Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>	Country	<b>29</b>	Country	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32399-0300</b>				<b>81</b>	Name
				<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
				<b>83</b>	
				<b>84</b>	City
				<b>FL</b>	<b>85</b> 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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>CD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORST, CLYDE W</b>	1.2 NAME	
STREET ADDRESS	<b>2155 WATERFORD DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANCASTER PA 17601</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PCEO</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBBEL, HENRY H</b>	2.2 NAME	
STREET ADDRESS	<b>11 E. 3RD AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITITZ PA 17543</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBBEL, HENRY H</b>	3.2 NAME	
STREET ADDRESS	<b>11 E. 3RD AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITITZ PA 17543</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SYD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBBEL, HENRY R</b>	4.2 NAME	
STREET ADDRESS	<b>244 HICKORY DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITITZ PA 17543</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBBEL, JOHN R</b>	5.2 NAME	
STREET ADDRESS	<b>828 BALLSTOWN RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITITZ PA 17543</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HESS, PAUL G</b>	6.2 NAME	
STREET ADDRESS	<b>514 S. BROAD ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITITZ PA 17543</b>	6.4 CITY-ST-ZIP	

**14. 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 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.**

**March 11, 1998 717-626-4751**

CR2E034 (10/97)

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

**#12 Florida:**

<b>CLYDE W. HORST - Chairman/Director</b>	<b>2155 Waterford Drive, Lancaster, PA 17601</b>
<b>HENRY H. GIBBEL - President/CEO/Director</b>	<b>11 East Third Avenue, Lititz, PA 17543</b>
<b>HENRY R. GIBBEL - Secretary/Sr. Vice President, Insurance Operations/Director</b>	<b>244 Hickory Drive, Lititz, PA 17543</b>
<b>JOHN R. GIBBEL - Vice President/General Counsel/Director</b>	<b>Box 16, Lititz, PA 17543</b>
<b>PAUL G. HESS - Director</b>	<b>514 South Broad Street, Lititz, PA 17543</b>
<b>LARRY D. SAUDER - Director</b>	<b>690 Orchard Road, Box 306, Manheim, PA 17545</b>
<b>JACK S. WATSON - Director</b>	<b>125 West Lemon Street, Lititz, PA 17543</b>
<b>GLENN H. SHELLY - Treasurer/Vice President, Finance</b>	<b>7 Penny Lane, Lititz, PA 17543</b>
<b>RICHARD O. BROWN - Vice President, Office Services</b>	<b>10 Pfautz Avenue, Lititz, PA 17543</b>
<b>CHARLES A. MICHAEL - Vice President, Underwriting</b>	<b>209 Oxford Drive, Lititz, PA 17543</b>
<b>LYDIA M. STEPHAN - Vice President, Information Systems</b>	<b>4 Meadowbrook Lane, Lititz, PA 17543</b>