

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90082 028 \*\*\*150.00

**DOCUMENT # F96000001430**

1. Entity Name  
**PENN CHARTER MUTUAL INSURANCE COMPANY**



Principal Place of Business  
**2 N. BROAD ST  
LITITZ, PA 07543-7007**

Mailing Address  
**PO BOX 900  
LITITZ, PA 17543-7007**

**20015273**



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-0953470</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HORST, CLYDE W 2155 WATERFORD DR LANCASTER, PA 17601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GIBBEL, HENRY H 11 E. 3RD AVE LITITZ, PA 17543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBEL, HENRY H 11 E. 3RD AVE LITITZ, PA 17543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GIBBEL, HENRY R 20 EAST FOURTH AVENUE LITITZ, PA 17543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBBEL, JOHN R 828 BALLSTOWN RD LITITZ, PA 17543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, PAUL G 514 S. BROAD ST LITITZ, PA 17543

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Glenn H. Shelly, CPA  
VP & CFO**

**2/17/2005 717-626-4751**

Date

Daytime Phone #

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

**ATTACHMENT #** F96000001430  
20015273

**#12 Florida:**

**CLYDE W. HORST -  
Chairman/Director**

**2155 Waterford Drive, Lancaster, PA 17601**

**HENRY H. GIBBEL -  
President/CEO/Director**

**11 East Third Avenue, Lititz, PA 17543**

**HENRY R. GIBBEL -  
Secretary/Executive Vice President**

**20 East Fourth Avenue, Lititz, PA 17543**

**JOHN R. GIBBEL -  
Vice President/General Counsel/Director**

**Box 16, Lititz, PA 17543**

**PAUL G. HESS -  
Director**

**92 St. Mark Avenue, Lititz, PA 17543**

**LARRY D. SAUDER -  
Director**

**690 Orchard Road, Box 306, Manheim, PA 17545**

**JACK S. WATSON -  
Director**

**125 West Lemon Street, Lititz, PA 17543**

**GLENN H. SHELLY -  
Vice President, CFO & Treasurer**

**7 Penny Lane, Lititz, PA 17543**

**CHARLES A. MICHAEL -  
Vice President, Underwriting**

**209 Oxford Drive, Lititz, PA 17543**

**LYDIA M. STEPHAN -  
Vice President, Information Systems**

**4 Meadowbrook Lane, Lititz, PA 17543**