

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90246 050 ***150.00

DOCUMENT # **F96000004391**

1. Corporation Name
PHICO SERVICES COMPANY



Principal Place of Business
**ONE PHICO DRIVE
PO BOX 2005
MECHANICSBURG PA 17055-0705**

Mailing Address
**ONE PHICO DRIVE
PO BOX 2005
MECHANICSBURG PA 17055-0705**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 08/27/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 23-2181528 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

| | |
|----|--|
| 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERSOFSKY, BARRY | 1.2 NAME | |
| STREET ADDRESS | 625 OLDE VENTURA FARM RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HUMMELSTOWN PA | 1.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHULTZ, GARY J. | 2.2 NAME | |
| STREET ADDRESS | 1108 W POWDERHORN RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MECHANICSBURG PA | 2.4 CITY-ST-ZIP | |
| TITLE | SVP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REIDER, VICTORIA A. | 3.2 NAME | |
| STREET ADDRESS | 255 OLD STONE HOUSE RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CARLISLE PA 17013 | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMMONS, SHERYL M. | 4.2 NAME | |
| STREET ADDRESS | 1705 CHARLES ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW CUMBERLAND PA | 4.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MYERS, ELLEN L | 5.2 NAME | |
| STREET ADDRESS | 15 LAUREL OAK DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOILING SPRINGS PA 17007 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CREAMER, DONALD R | 6.2 NAME | |
| STREET ADDRESS | 1608 JAMES ROAD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILLIAMSPORT PA 17701 | 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, with all other like empowered.

SIGNATURE: *Sheryl M. Simmons*

4/20/99

717 766-1122 x 8740

CR2E034 (11/98)

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13. Additional Officers

Home Address

Judith L. Anderson
Sr. Vice President,
Risk/Safety Management

343 Laurelwood Drive
Lebanon, PA 17042

Mark O. Mitchell
Senior Vice President, Claims

730 Cricket Glen Road
Hummelstown, PA 17036

Robert J. Ryan
Vice President,
Claims/Third Party Admin.

2378 Jessamy Court
Harrisburg, PA 17112

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13. Additional Directors Name

Home Address

| | |
|------------------------|--|
| Robert S. Damerjian | 733 Willow Grove Avenue Glenside, PA 19038 |
| Robert L. Fletcher | 625 Twin Pine Road Pittsburgh, PA 15215 |
| Constanct B. Foster | 1079 Beech Avenue Hershey, PA 17033 |
| Kevin P. Kearns | 1787 Theodan Drive Pittsburgh, PA 15216 |
| Robert F. Nation | 14 Meadowbrook Lane Elizabethtown, PA 17022 |
| Rocco A. Ortenzio | 7 Westwind Drive Lemoyne, PA 17043 |
| John A. Russell | 46 Laurel Ridge Road Hershey, PA 17033 |
| Carolyn F. Scanlan | 5 Merion Court Hummelstown, PA 17036 |
| Donald W. Spalding | 402 Maple Lane Sewickley, PA 15143 |
| David L. Tressler, Sr. | 25 Oakford Glen Clarks Summit, PA 18411 |