

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90010 044 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # F98000003837**

1. Corporation Name

**PENN-STAR INSURANCE COMPANY**

Principal Place of Business  
**420 SOUTH YORK ROAD  
HATBORO PA 19040**

Mailing Address  
**420 SOUTH YORK ROAD  
HATBORO PA 19040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/07/1998**

4. FEI Number

**23-2865367**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

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** ☐ DELETE  
NAME **SALTZMAN, JON S**  
STREET ADDRESS **2331 WINTER GREEN LANE**  
CITY-ST-ZIP **JAMISON PA**

1.1 TITLE **President** ☒ Change ☐ Addition  
1.2 NAME **Saltzman, Jon S.**  
1.3 STREET ADDRESS **435 Dreshertown Road**  
1.4 CITY-ST-ZIP **Fort Washington, PA 19034**

TITLE **V** ☐ DELETE  
NAME **DIBIASI, JOHN M**  
STREET ADDRESS **4060 HUNT DRIVE**  
CITY-ST-ZIP **DOYLESTOWN PA**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **PEZZUOLO, GARLAND**  
STREET ADDRESS **537 LOWER STATE ROAD**  
CITY-ST-ZIP **NORTH WALES PA**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **MISCIO, GREG**  
STREET ADDRESS **83 SADDLE DRIVE**  
CITY-ST-ZIP **FURLONG PA**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE  
NAME **SALTZMAN, IRVIN**  
STREET ADDRESS **8818 S.E. NORTH PASSAGE WAY**  
CITY-ST-ZIP **TEQUESTA FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SALTZMAN-LEVY, JAMI**  
STREET ADDRESS **257 STANFORD PLACE**  
CITY-ST-ZIP **NEWTOWN PA**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

**SIGNATURE:** *Rosemary R. Ferrero* **Rosemary R. Ferrero**

**7/21/99**

**(215) 443-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0116829



Laurie K. Vasoli  
Compliance Administrator

## PENN-AMERICA GROUP, INC.

Penn-America Insurance Company  
Penn-Star Insurance Company

F9800003837

SGG23290010-44

Direct Dial: 215-443-3634

Fax: (215) 443-3603

E-mail: vasoli@penn-america.com

July 23, 1999

VIA OVERNIGHT MAIL

Honorable Katherine Harris  
Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Penn- Star Insurance Company  
1999 Profit Corporation Annual Report**

Dear Secretary Harris:

Enclosed please find the executed report as well as our check #11293, in the amount of \$150.00, in payment of the filing fee. I regret that this was not provided to you sooner, however, this is the first notification that I have received, and respectfully request that the late penalty of \$400.00, be waived. Thank you for your consideration in this matter. Please contact me if you have any questions regarding this matter.

Sincerely,

Laurie K. Vasoli  
Compliance Administrator

LKV/wp  
Enclosure