

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90240 005 ***150.00

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1. Entity Name
DAILY UNDERWRITERS OF AMERICA COMPANY



Principal Place of Business
**1072 HARRISBURG PIKE
CARLISLE, PA 17013**

Mailing Address
**1072 HARRISBURG PIKE
CARLISLE, PA 17013**

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
23-2051681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LONG, ROBERT F
STREET ADDRESS	300 BELVEDERE ST.
CITY-ST-ZIP	CARLISLE, PA 17013
TITLE	PD
NAME	CUMMINGS, KENNETH F
STREET ADDRESS	38 CREEKVIEW DR.
CITY-ST-ZIP	CARLISLE, PA 17013
TITLE	VD
NAME	WERTZ, ROBERT H
STREET ADDRESS	900 COCKLIN ST.
CITY-ST-ZIP	MECHANICSBURG, PA 17055
TITLE	STD
NAME	SMITH, HARRY C
STREET ADDRESS	207 W. YELLOW BREECHES RD.
CITY-ST-ZIP	CARLISLE, PA 17013
TITLE	D
NAME	GOOD, SAMUEL J JR.
STREET ADDRESS	815 FAIRVIEW RD.
CITY-ST-ZIP	CARLISLE, PA 17013
TITLE	VD
NAME	KEPNER, DWAYNE A
STREET ADDRESS	51 MT. ZION RD.
CITY-ST-ZIP	CARLISLE, PA 17013

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 its 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

Date

Daytime Phone #

John P. Mitchell **JOHN P. MITCHELL**

4/25/06

717-240-2125