

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31329 (6)
1. Corporation Name
THE MUTUAL ASSURANCE COMPANY



Principal Place of Business: **414 WALNUT ST. PHILADELPHIA PA 19106**
Mailing Address: **414 WALNUT ST. PHILADELPHIA PA 19106**

3. Date Incorporated or Qualified: **08/28/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **23-0902310**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29, 30
Country: 25, 29

9. Name and Address of Current Registered Agent: **FLORIDA INSURANCE COMMISSIONER, CAPITOL BLDG., TALLAHASSEE FL 32399**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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 date of signature required when re-registering. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUGH, DANIEL F.	1.2 NAME	
STREET ADDRESS	414 WALNUT ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEE, JOHN FX	2.2 NAME	
STREET ADDRESS	414 WALNUT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARR, EDWARD III	3.2 NAME	
STREET ADDRESS	414 WALNUT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGERSOLL, PAUL M.	4.2 NAME	
STREET ADDRESS	414 WALNUT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ROLAND C	5.2 NAME	
STREET ADDRESS	414 WALNUT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTON, MORRIS JR.	6.2 NAME	
STREET ADDRESS	414 WALNUT ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James M. Thomas* James M. Thomas, Treas. 4/24/96 (215) 925-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Time, Phone #

CR2E034 (12/95)

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#12. OFFICERS & DIRECTORS (continued)

Title:	<i>V S</i>
Name:	<i>Kelly, Kevin J.</i>
Street Address:	<i>1024 Foss Avenue</i>
City-State:	<i>Drexel Hill, PA</i>
Title:	<i>V</i>
Name:	<i>Haynes, Larry E.</i>
Street Address:	<i>160 Burning Tree Lane</i>
City-State:	<i>Jacksonville, FL 32223</i>
Title:	<i>V</i>
Name:	<i>Patterson, Douglas H.</i>
Street Address:	<i>414 Walnut Street</i>
City-State:	<i>Philadelphia, PA 19106</i>
Title:	<i>V</i>
Name:	<i>Whatley, Michael W.</i>
Street Address:	<i>9919 Vineyard Lake Lane</i>
City-State:	<i>Jacksonville, FL 32256</i>
Title:	<i>V</i>
Name:	<i>Whitaker, Timothy T.</i>
Street Address:	<i>106 S. Front Street, Apt 4A</i>
City-State:	<i>Philadelphia, PA 19106</i>
Title:	<i>D</i>
Name:	<i>Foulke, Walter L.</i>
Street Address:	<i>414 Walnut Street</i>
City-State:	<i>Philadelphia, PA 19106</i>

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Title: D
Name: Gaither, William S.
Street Address: 414 Walnut Street
City-State: Philadelphia, PA 19106

Title: D
Name: Harral, William (NMN)
Street Address: 414 Walnut Street
City-State: Philadelphia, PA 19106

Title: D
Name: Pepper, Jane G.
Street Address: 414 Walnut Street
City-State: Philadelphia, PA 19106

Title: D
Name: Piasecki, Vivian W.
Street Address: 414 Walnut Street
City-State: Philadelphia, PA 19106

Title: D
Name: Stevens, Robert L.
Street Address: 414 Walnut Street
City-State: Philadelphia, PA 19106