FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -6 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40446 (7)

1. Corporation Name
PHICO INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE PHICO DR. P. O. BOX 65 MECHANICSBURG PA 17055-0065	ONE PHICO DR. P. O. BOX 65 MECHANICSBURG PA 17055-0065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 23-2066198 ☐ 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, JOHN A.	1.2 NAME	
STREET ADDRESS	4750 LINDLE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	STUFFT, MAYNARD R.	2.2 NAME	
STREET ADDRESS	ONE PHICO DR. P O BOX 65	2.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DAMERJIAN, ROBERT S.	3.2 NAME	
STREET ADDRESS	ONE PENN CENTER PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, ROBERT L.	4.2 NAME	
STREET ADDRESS	625 TWIN PINE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GRODE, GEORGE F.	5.2 NAME	
STREET ADDRESS	1800 CENTER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMP HILL PA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	NATION, ROBERT F.	6.2 NAME	
STREET ADDRESS	1924 MARKET ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAMP HILL 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)(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: Ellen L. Myers ELLEN L. MYERS FEBRUARY 22, 1995 (717) 766-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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12. DIRECTORS – CONTINUED.

D
CREAMER, DONALD R.
1001 GRAMPIAN BLVD.
WILLIAMSPORT PA

D
ORTENZIO, ROCCO A.
600 WILSON LANE
MECHANICSBURG PA

D
QUINN, JOHN M., SR.
222 WEST GRANDVIEW BLVD.
ERIE PA

D
SPALDING, DONALD W.
BLACKBURN RD.
SEWICKLY PA

D
TRESSLER, DAVID L., SR.
U OF SCRANTON, ST. THOMAS HALL
SCRANTON PA

OFFICERS

S
MYERS, ELLEN L.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V/T
SCHULTZ, GARY J.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
AGOSTINI RICHARD J.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
BRAWNER, GERALD T.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
HOGAN, PATRICIA S.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
TOWNSEND, MATTHEW B.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
YERGER, BRUCE A.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
BRICKER, MICHAEL C.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
CAMERON, JOHN W.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
CURRY, ROBERT E.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
HAMPSHIRE, GREGORY S.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
KRAUTHEIM, TIMOTHY M.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

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12. OFFICERS – CONTINUED.

V
LESSARD, DEBORAH M.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
MCDONOUGH, WILLIAM J.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
VANNUCCI, EUGENE D.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA