

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P40446 (7)

1. Corporation Name

PHICO INSURANCE COMPANY

Principal Place of Business

Mailing Address

ONE PHICO DR.  
P. O. BOX 85  
MECHANICSBURG PA 17055-0085

ONE PHICO DR.  
P. O. BOX 85  
MECHANICSBURG PA 17055-0085



3. Date Incorporated or Qualified

09/03/1992

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

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

NAME

STREET ADDRESS

CITY - ST - ZIP

DC ☐ DELETE

RUSSELL, JOHN A.

4750 LINDLE RD.

HARRISBURG PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD ☐ DELETE

STUFFT, MAYNARD R.

ONE PHICO DR. P O BOX 85

MECHANICSBURG PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D ☐ DELETE

DAMERJIAN, ROBERT S.

ONE PENN CENTER PLAZA

PHILADELPHIA PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D ☐ DELETE

FLETCHER, ROBERT L.

625 TWIN PINE RD.

PITTSBURGH PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D ☒ DELETE

GRODE, GEORGE F.

1800 CENTER ST.

CAMP HILL PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D ☐ DELETE

NATION, ROBERT F.

1924 MARKET ST.

CAMP HILL PA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 26, 1996

(717) 766-1122

Date

Daytime Phone #

CR2E034 (12/95)

12. DIRECTORS - CONTINUED.

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

D  
KEARNS, KEVIN P.  
UNIV OF PGH, 3E17 FORBES QUAD  
PITTSBURGH, PA 15260

D  
ORTENZIO, ROCCO A.  
600 WILSON LANE  
MECHANICSBURG PA

D  
SCANLON, CAROLYN F.  
4750 LINDLE ROAD  
HARRISBURG, PA

D  
SPALDING, DONALD W.  
BLACKBURN RD.  
SEWICKLY PA

D  
TRESSLER, DAVID L., SR.  
B.D.A. BUILDING, ABINGTON EXEC PARK  
CLARKS SUMMIT, PA 18411

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

V  
DESALLE, JAMES L.  
ONE PHICO DR. P O BOX 85  
MECHANICSBURG PA

V  
FETTERHOFF, RUTH M.  
ONE PHICO DR. P O BOX 85  
MECHANICSBURG PA

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

V  
REIDER, VICTORIA A.  
ONE PHICO DR. P O BOX 85  
MECHANICSBURG PA

12. OFFICERS - CONTINUED.

V  
ROWLAND, CRAIG R.  
ONE PHICO DR. P O BOX 85  
MECHANICSBURG PA

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