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PROFIT CORPORATION ANNUAL REPORT
1997

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

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)

3. Date Incorporated or Qualified: 09/03/1992
3a. Date of Last Report: 03/05/1996
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC RUSSELL, JOHN A. 4750 LINDLE RD. HARRISBURG PA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STUFFT, MAYNARD R. ONE PHICO DR. P O BOX 85 MECHANICSBURG PA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Stuft, Maynard R. One PHICO Drive , PO Box 85 Mechanicsburg, PA 17055-0085	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAMERJIAN, ROBERT S. ONE PENN CENTER PLAZA PHILADELPHIA PA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLETCHER, ROBERT L. 625 TWIN PINE RD. PITTSBURGH PA	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NATION, ROBERT F. 1924 MARKET ST. CAMP HILL PA	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	P Persofsky, Barry One PHICO Drive, PO Box 85 Mechanicsburg, PA 17055-0085	☐ Change ☒ Addition

CR2E034 (9/96)

14. I do 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: Ellen L. Myers 2/26/97 (717)766-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORIDA CORPORATION ANNUAL REPORT 1996 - PHICO INSURANCE COMPANY

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

V
SHEFFER, JILL C.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
AMICE, PATRICK J.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
SULLIVAN, MICHAEL P.
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
SIMMONS, SHERYL M.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
ANDERSON, JUDITH L.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

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

V
BURNS, WILLIAM E.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
FICO, JOSEPH J.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
CHRONISTER, RONALD E.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

V
HANELINE, RICHARD L.
8425 WOODFIELD CROSSING BLVD SUITE 220
INDIANAPOLIS IN

V
HIMES, HAROLD T.
2600 EAGAN WOODS DRIVE SUITE 330
EAGAN MN