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Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified
09/03/1992

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	☐ DELETE	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	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STUFT, MAYNARD R.		2.2 NAME	
STREET ADDRESS	ONE PHICO DRIVE, P.O. BOX 85		2.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	☐ DELETE	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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NATION, ROBERT F.		5.2 NAME	
STREET ADDRESS	1924 MARKET ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMP HILL PA		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PERSOFSKY, BARRY		6.2 NAME	
STREET ADDRESS	ONE PHICO DRIVE, P.O. BOX 85		6.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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: Glenn L. Myers 2/26/98 (717)766-1132

FLORIDA CORPORATION ANNUAL REPORT 1997 - 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
MITCHELL, MARK O.
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
VOLTZ, JAMES N.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA