

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90037 022 ***150.00

DOCUMENT # **P40446**

1. Corporation Name

PHICO INSURANCE COMPANY

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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

TITLE **DC** ☐ DELETE
NAME **RUSSELL, JOHN A.**
STREET ADDRESS **4750 LINDLE RD.**
CITY-ST-ZIP **HARRISBURG PA**

TITLE **D** ☒ DELETE
NAME **STUFT, MAYNARD R.**
STREET ADDRESS **ONE PHICO DRIVE, P.O. BOX 85**
CITY-ST-ZIP **MECHANICSBURG PA**

TITLE **D** ☐ DELETE
NAME **DAMERJIAN, ROBERT S.**
STREET ADDRESS **ONE PENN CENTER PLAZA**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **D** ☐ DELETE
NAME **FLETCHER, ROBERT L.**
STREET ADDRESS **625 TWIN PINE RD.**
CITY-ST-ZIP **PITTSBURGH PA**

TITLE **D** ☐ DELETE
NAME **NATION, ROBERT F.**
STREET ADDRESS **1924 MARKET ST.**
CITY-ST-ZIP **CAMP HILL PA**

TITLE **P** ☐ DELETE
NAME **PERSOFSKY, BARRY**
STREET ADDRESS **ONE PHICO DRIVE, P.O. BOX 85**
CITY-ST-ZIP **MECHANICSBURG PA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **46 Laurel Ridge road**
1.4 CITY-ST-ZIP **Hershey, PA 17033**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Foster, Constance B.**
2.3 STREET ADDRESS **2 North Second Street, 7th Floor**
2.4 CITY-ST-ZIP **Harrisburg, PA 17101**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **PD** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Ellen Myers

02/24/99

(717)766-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1/198)

253945-90037-22
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12. DIRECTORS - CONTINUED.

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

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

D
KEARNS, KEVIN P.
UNIVERSITY OF PITTSBURGH
PITTSBURGH, PA

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

D
ORTENZIO, ROCCO A.
4718 OLD GETTYSBURG ROAD
MECHANICSBURG PA

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

DC
SCANLAN, CAROLYN F.
4750 LINDLE ROAD
HARRISBURG, PA

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

D
SPALDING, DONALD W.
402 MAPLE LANE
SEWICKLY PA

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

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

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

OFFICERS

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

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

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

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

V
MITCHELL, MARK O.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA

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

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

V
JABLONSKI, TIMOTHY E.
2600 EAGAN WOODS DRIVE, SUITE 330
EAGAN, MN 55121-1152

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

V
VOLTZ, JAMES N.
ONE PHICO DR. P O BOX 85
MECHANICSBURG PA