

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 807448

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC1004459401**

**Entity Name:** PENN MILLERS INSURANCE COMPANY

**Current Principal Place of Business:**

72 N FRANKLIN ST.  
WILKES BARRE, PA 18701

**Current Mailing Address:**

P.O. BOX P  
WILKES BARRE, PA 18773-0016

**FEI Number: 24-0686200**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LUPICA, JOHN J  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title DIRECTOR, EXECUTIVE VP  
Name ROBERTS, HAROLD W  
Address 72 N.FRANKLIN STREET,P.O.BOX P  
City-State-Zip: WILKES-BARRE PA 18773-0016

Title VP, ASST. SECRETARY  
Name GIGANTI, CARMINE A  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title DIRECTOR, EXECUTIVE VP  
Name COLEMAN, MICHAEL J  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title VP, SEC'TY  
Name COLLINS, REBECCA L  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CARMINE A. GIGANTI**

**ASST. SEC'TY**

**04/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date