

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 807448

**Entity Name:** PENN MILLERS INSURANCE COMPANY

**Current Principal Place of Business:**

436 WALNUT STREET  
PHILADELPHIA , PA 19106

**Current Mailing Address:**

436 WALNUT STREET  
P.O. BOX 1000  
PHILADELPHIA , PA 19106 US

**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 DIRECTOR, PRESIDENT  
Name LUPICA, JOHN J  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

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

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

Title SECRETARY, VP  
Name COLLINS, REBECCA L  
Address 111 E. WACKER DRIVE  
City-State-Zip: CHICAGO IL 60601

Title ASST. SECRETARY  
Name SCHWEIDEL , JULIET  
Address 436 WALNUT STREET  
WA04N  
City-State-Zip: PHILADELPHIA PA 19016

Title ASSISTANT SECRETARY  
Name BALLESTEROS, MADELYN A  
Address 202 HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title DIRECTOR, EVP, GC  
Name SANPIETRO, JAMES SCOTT  
Address 1133 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR, TREASURER, CFO, EVP  
Name SPITZER, DREW K  
Address 202 HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

*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:** MADELYN A. BALLESTEROS

**ASST. SECRETARY**

**02/18/2021**

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

\_\_\_\_\_  
Date