

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807448

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

**CARMIN.GIGANTI@ACEG 04/29/2015
ROUP.COM**

Electronic Signature of Signing Officer/Director Detail

Date