

**2017 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        436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

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

*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:** JULIET SCHWEIDEL

**ASSISTANT SECRETARY    01/09/2017**

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

\_\_\_\_\_  
Date