

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002674

**Entity Name:** KEYSTONE INSURERS GROUP, INC.

**Current Principal Place of Business:**

1995 POINT TOWNSHIP DR  
NORTHUMBERLAND, PA 17857

**Current Mailing Address:**

1995 POINT TOWNSHIP DR  
NORTHUMBERLAND, PA 17857 US

**FEI Number:** 23-2263940

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CS  
Name NAGINEY, ROBERT  
Address PO BOX 72  
City-State-Zip: NORTHUMBERLAND PA 17857

Title MBR  
Name DE YULIS, CARL  
Address PO BOX 90  
City-State-Zip: EBENSBURG PA 15931

Title MBR  
Name DUNCAN, JOHN JR  
Address 370 MAUS DR  
City-State-Zip: NORTH HUNTINGDON PA 15642

Title MBR  
Name PARKINS, THOMAS  
Address 300 ALLEGHENY RIVER BLVD  
City-State-Zip: OAKMONT PA 15139

Title MBR  
Name TROUTMAN, THOMAS  
Address PO BOX B  
City-State-Zip: ELIZABETHVILLE PA 17023

Title MBR  
Name ROADMAN, TODD  
Address PO BOX 640  
City-State-Zip: BEDFORD PA 15522

Title MBR  
Name SNIPES, DAL  
Address PO BOX 72  
City-State-Zip: NORTHUMBERLAND PA 17857

Title MBR  
Name DOWNER, DOUG  
Address 781 PINE ST  
City-State-Zip: HERNDON VA 20170

**Continues on page 2**

*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:** LEA ANN HAWK

**COO**

**02/07/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title MBR  
Name SCHULTHEIS, BRETT  
Address PO BOX 2728  
City-State-Zip: EVANSVILLE IN 47728

Title MBR  
Name LATTA, BILL  
Address 201-B N MAIN ST  
City-State-Zip: HENDERSON KY 42420

Title CFO/T  
Name AZAR, MICHAEL J  
Address 1995 POINT TOWNSHIP DR  
City-State-Zip: NORTHUMBERLAND PA 17857

Title VP  
Name JOYCE, JOSEPH P  
Address 1995 POINT TOWNSHIP DR  
City-State-Zip: NORTHUMBERLAND PA 17857

Title DIRECTOR  
Name FLACK, TRIPP  
Address 229 FOX RUN RD.  
City-State-Zip: FOREST CITY NC 28043

Title MBR  
Name SCHLOTMAN, CARL  
Address PO BOX 72  
City-State-Zip: NORTHUMBERLAND PA 17857

Title OCEI  
Name BOEDKER, DAVIE E  
Address 1995 POINT TOWNSHIP DR  
City-State-Zip: NORTHUMBERLAND PA 17857

Title VP  
Name WYNNE, GEORGE C  
Address 1995 POINT TOWNSHIP DR  
City-State-Zip: NORTHUMBERLAND PA 17857

Title COO  
Name HAWK, LEA ANN  
Address 1995 POINT TOWNSHIP DR  
City-State-Zip: NORTHUMBERLAND PA 17857