

1.) CORPORATION NAME:

**LITITZ MUTUAL INSURANCE COMPANY**

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT TAYLOE ROSS  
MIDKIFF MUNCIE & ROSS  
300 ARBORETUM PL STE 420**

SCC ID NO: **F0061038**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 N BROAD ST

CITY/ST/ZIP: LITITZ, PA 17543

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	HENRY R GIBBEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO		
ADDRESS:	20 E FOURTH AVE		
CITY/ST/ZIP/CO:	LITITZ, PA 17543		

NAME:	JOHN R GIBBEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/SECRETARY		
ADDRESS:	BOX 16		
CITY/ST/ZIP/CO:	LITITZ, PA 17543		

NAME:	RICHARD MARK CRUTCHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	209 SOUTHGATE DR		
CITY/ST/ZIP/CO:	LANCASTER, PA 17602		

NAME:	ROBERT D DODDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	693 SUE DR		
CITY/ST/ZIP/CO:	LITITZ, PA 17543		

NAME:	SCOTT A LUTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5 HURST BLVD		
CITY/ST/ZIP/CO:	LITITZ, PA 17543		

NAME:	SHAWN S SERFASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	5985 PINE ST		
CITY/ST/ZIP/CO:	EAST PETERSBURG, PA 17520		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYDIA M STEPHAN VICE PRESIDENT 4 MEADOWBROOK LN LITITZ, PA 17543	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY H GIBBEL CEO/CHAIRMAN 11 E 3RD AVE LITITZ, PA 17543	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WENDY L BASEHOAR DIRECTOR 22 CANTERBURY CT LITITZ, PA 17543	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN S BLACK DIRECTOR 647 LINCOLN RD LITITZ, PA 17543	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN J HOLSINGER DIRECTOR 1100 ARCHERS GLEN LANCASTER, PA 17601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY D SAUDER DIRECTOR 690 ORCHARD ROAD MANHEIM, PA 17545	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SHAWN S SERFASS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHAWN S SERFASS, VP/TREASURER PRINTED NAME AND CORPORATE TITLE	10/15/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			