## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

810550

## PUBLIC SERVICE MUTUAL INSURANCE COMPANY

Principal Place of Business Mailing Address 132 WEST 31ST ST. 132 WEST 31ST ST. NEW YORK NY 10001 NEW YORK NY 10001 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1955 04/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-1188550 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s 199.032, Zip Country Florida Statutes ☐ Yes ☐ No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **INSURANCE COMMISSIONER** Street Address (P.O. Box Number is Not Acceptable) 82 THE CAPITOL 83 TALLAHASSEE FL 84 City Zin Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tille if applicable (NOTe: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELE1E President & CEO Change X Addition TITLE 1 1 111 8 PECKMAN, MILTON Andrew L. Furgatch NAME 1.2 NAME 1037 DARTMOUTH LA 15 West 81st Street STREET ADDRESS 1.3 STREET ADDRESS **WOODMERE NY** New York, N.Y. 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE. Change X Addition TITLE 2.1 TiTLE Vice President & CFO GOODMAN, ANITA NAME 2.2 NAME John T. Hill STREET ACIDRESS 46 CROSSHILL RD 2 3 STREET ADDRESS 7 Wild Cherry Lane Ewing, N.J. CITY-ST-ZIP HARTSDALE NY 2 4 CrTY - ST - ZIP ☐ Change DELETE. Addition TITLE 3. 1 TITLE BARROW, RICHARD M NAME 3 2 NAME 951 JEROME ST STREET ADDRESS 3.3 STREET ADDRESS **BALDWIN NY** DOTY-ST-ZIP 3.4 City - St - 7IP DELETE 4 1 TITLE ☐ Change Addition TITLE NAME SWEENEY, JAMES 4.2 NAME 720 DARTMOOR STREET ADDRESS 4.3 STREET ADDRESS WESTFIELD NJ 44 CHY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5 1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conceation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, or on an attachment with an address. appears in Block 12 or Blo

6.4 CITY- ST-ZIP

SIGNATURE:

CITY-ST-ZIP

James B. Sweeney

YEST OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/96

(212) 560-5215

(12/95)CR2E034