

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90104 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 810550

1. Corporation Name
PUBLIC SERVICE MUTUAL INSURANCE COMPANY



Principal Place of Business	Mailing Address
ONE PARK AVENUE NEW YORK NY 10016 US	ONE PARK AVENUE NEW YORK NY 10016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/30/1955

4. FEI Number	Applied For
13-1188550	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DSV	<input type="checkbox"/> DELETE
NAME	PECKMAN, MILTON	
STREET ADDRESS	ONE PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016-5802	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODMAN, ANITA	
STREET ADDRESS	46 CROSSHILL RD	
CITY-ST-ZIP	HARTSDALE NY	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	FURGATCH, ANDREW L	
STREET ADDRESS	ONE PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016-5802	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTINO, GREGORY V	
STREET ADDRESS	ONE PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016-5802	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	HILL, JOHN T	
STREET ADDRESS	ONE PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016-5802	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	TAGLIAFERRO, DANIEL P	
STREET ADDRESS	ONE PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016-5802	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel P. Tagliaferro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL P. TAGLIAFERRO, 4/20/99 (212) 591-9438

Date

Daytime Phone #

CR2E034 (11/98)