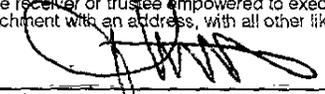


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 810550</b>							
1. Entity Name <b>PUBLIC SERVICE MUTUAL INSURANCE COMPANY</b>							
Principal Place of Business <b>ONE PARK AVENUE NEW YORK NY 10016 US</b>		Mailing Address <b>ONE PARK AVENUE NEW YORK NY 10016 US</b>					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>13-1188550</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 1)				
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>FURGATCH, ANDREW L</b>	NAME	<b>U00000249213</b>				
STREET ADDRESS	<b>ONE PARK AVENUE</b>	STREET ADDRESS	<b>03/02/05-80062-018 150.00</b>				
CITY-ST-ZIP	<b>NEW YORK NY 10016-5802</b>	CITY-ST-ZIP					
TITLE	<b>DSV</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>PECKMAN, MILTON</b>	NAME					
STREET ADDRESS	<b>ONE PARK AVENUE</b>	STREET ADDRESS					
CITY-ST-ZIP	<b>NEW YORK NY 10016-5802</b>	CITY-ST-ZIP					
TITLE	<b>DTV</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>HILL, JOHN T</b>	NAME					
STREET ADDRESS	<b>ONE PARK AVENUE</b>	STREET ADDRESS					
CITY-ST-ZIP	<b>NEW YORK NY 10016-5802</b>	CITY-ST-ZIP					
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>CROUCH, CHARLES L</b>	NAME					
STREET ADDRESS	<b>ONE PARK AVENUE</b>	STREET ADDRESS					
CITY-ST-ZIP	<b>NEW YORK NY 10016-5802</b>	CITY-ST-ZIP					
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>GOODMAN, ANITA</b>	NAME					
STREET ADDRESS	<b>46 CROSSHILL ROAD</b>	STREET ADDRESS					
CITY-ST-ZIP	<b>HARTSDALE NY 10530</b>	CITY-ST-ZIP					
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>SPELLMAN, LEWIS J</b>	NAME					
STREET ADDRESS	<b>1201 YAUPON VALLEY ROAD</b>	STREET ADDRESS					
CITY-ST-ZIP	<b>AUSTIN TX 78746</b>	CITY-ST-ZIP					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> 			2/18/05 212-591-9393				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>				