


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90009 023 \*\*\*150.00

**DOCUMENT # 810550**

1. Entity Name  
**PUBLIC SERVICE MUTUAL INSURANCE COMPANY**



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

**20046428**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

05152006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**13-1188550**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE, FL 32399-0000**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>F</b>	<input type="checkbox"/> Delete
NAME	<b>FURGATCH, ANDREW L</b>	
STREET ADDRESS	<b>ONE PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 100165802</b>	
TITLE	<b>DSV</b>	<input type="checkbox"/> Delete
NAME	<b>PECKMAN, MILTON</b>	
STREET ADDRESS	<b>ONE PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 100165802</b>	
TITLE	<b>DTV</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, JOHN T</b>	
STREET ADDRESS	<b>ONE PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 100165802</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CROUCH, CHARLES L</b>	
STREET ADDRESS	<b>ONE PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 100165802</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOODMAN, ANITA</b>	
STREET ADDRESS	<b>46 CROSSHILL ROAD</b>	
CITY-ST-ZIP	<b>HARTSDALE, NY 10530</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPELLMAN, LEWIS J</b>	
STREET ADDRESS	<b>1201 YAUPON VALLEY ROAD</b>	
CITY-ST-ZIP	<b>AUSTIN, TX 78746</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>- Please see attached pages -</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:** \_\_\_\_\_ (212) 591-9500      5/18/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**ATTACHMENT**

2004628  
#810550

**PUBLIC SERVICE MUTUAL INSURANCE COMPANY  
OFFICERS**

Mark M. Battistelli	One Park Avenue New York, NY 10016-5802	Vice President Regulatory Affairs
Lon Cagley	One Park Avenue New York, NY 10016-5802	Vice President Regional Underwriting Manager
Gregory Costelloe	One Park Avenue New York, NY 10016-5802	Assistant Vice President Chief Actuary
Rene G. Diaz	One Park Avenue New York, NY 10016-5802	Assistant Secretary - Accounting
Lowell Scott Edwards	One Park Avenue New York, NY 10016-5802	Assistant Vice President Western Region Claim Manager
Frank M. Esposito	One Park Avenue New York, NY 10016-5802	Assistant Secretary Manager-Agency Billing
Robert E. Evans Jr.	One Park Avenue New York, NY 10016-5802	Assistant Vice President Manager – Reinsurance
Andrew L. Furgatch	One Park Avenue New York, NY 10016-5802	Chairman of the Board and Chief Executive Officer
John L. Gaddy	One Park Avenue New York, NY 10016-5802	Vice President – National Claims
Deborah A. Gillen	One Park Avenue New York, NY 10016-5802	Assistant Secretary Manager-Field U/W–Personal Lines
John T. Hill II	One Park Avenue New York, NY 10016-5802	President, Chief Operating Officer, Executive Vice President & Treasurer
Daniel Jaconetti	One Park Avenue New York, NY 10016-5802	Assistant Vice President H.O. Claims
Ramdhan Jagoo	One Park Avenue New York, NY 10016-5802	Assistant Vice President Assistant Treasurer
Keith L. Johnson	One Park Avenue New York, NY 10016-5802	Assistant Secretary-Mgr-WC U/W
David A. Lawless	One Park Avenue New York, NY 10016-5802	Senior Vice President - Chief Administrative Officer

# ATTACHMENT

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#810550

## PUBLIC SERVICE MUTUAL INSURANCE COMPANY OFFICERS

Cipriana D. Lee Lum	One Park Avenue New York, NY 10016-5802	Assistant Vice President Manager-Policy Services
Louis Masucci	One Park Avenue New York, NY 10016-5802	Vice President Underwriting Field Operations
Maria Matarese	One Park Avenue New York, NY 10016-5802	Assistant Secretary-H.R. Administrator
Kenneth Mueller	One Park Avenue New York, NY 10016-5802	Assistant Secretary Chief Technology Officer
Susan F. Mulherin	One Park Avenue New York, NY 10016-5802	Assistant Vice President Premium Billing Services Department
Norman E. Rothstein	One Park Avenue New York, NY 10016-5802	Assistant Vice President Manager-WC/No-Fault Claims
Theodore S. Smyk	One Park Avenue New York, NY 10016-5802	Vice President Home Office Claims
Gary Stewart	One Park Avenue New York, NY 10016-5802	Vice President Director of Human Resources
John J. Zammillo	One Park Avenue New York, NY 10016-5802	Assistant Secretary Assistant Manager- NY Metro Supervisor

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**ATTACHMENT**  
**PUBLIC SERVICE MUTUAL INSURANCE COMPANY**  
**BOARD OF DIRECTORS**

**INDIVIDUAL**

**HOME ADDRESS**

Charles L. Crouch III	378 Berkshire Avenue La Canada, CA 91011
Andrew L. Furgatch	One Park Avenue New York, NY 10016-5802
Julius Gantman	101 Old Mamaroneck Road White Plains, NY 10605
Anita D. Goodman	46 Crosshill Road Hartsdale, NY 10530
John D. Hatch	1267 Berkshire Lane Tarpon Springs, FL 34688
Donald Henderson	230 Chateau Drive Aromas, CA 95004-9619
John T. Hill II	One Park Avenue New York, NY 10016-5802
David A. Lawless	One Park Avenue New York, NY 10016-5802
Stanley J. Mastrogiacono	23 Robert Drive Warwick, NY 10990
Milton Peckman	4211 N.W. 22 <sup>nd</sup> Street Coconut Creek, FL 33066
Paul S. Schweitzer	10108 Watts Mine Lane Potomac, MD 20854
Dr. Leslie W. Seldin	40 East 66th Street New York, NY 10021
Theodore S. Smyk	One Park Avenue New York, NY 10016-5802
Dr. Lewis J. Spellman	1201 Yaupon Valley Road Austin, TX 78746
Irwin W. Young	35 Drake Lane Manhasset, NY 11030