#### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### May 10, 2007 8:00 am Secretary of State **DOCUMENT #810550** 05-10-2007 90022 005 \*\*\*550.00 PUBLIC SERVICE MUTUAL INSURANCE COMPANY Principal Place of Business Mailing Address 40110046 ONE PARK AVENUE ONE PARK AVENUE NEW YORK, NY 10016 US US NEW YORK, NY 10016 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01032007 Chg-P Applied For City & State 4. FEI Number City & State 13-1188550 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code City 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\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE 💢 Delete TITLE DIAZ, RENÈ G NAME NAME STREET ADDRESS STREET ADDRESS ONE PARK AVE CITY-ST-ZIP NEW YORK, NY 100165802 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME EDWARDS, LOWELL S STREET ADDRESS STREET ADDRESS ONE PARK AVE CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 100165802 ☐ Change Addition ☐ Delete TITLE TITLE ESPOSITO, FRANK M NAME NAME ONE PARK AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW YORK, NY 100165802 CITY-ST-ZIP Addition ☐ Change ☐ Delete TULE EVANS, ROBERT E NAME NAME STREET ADDRESS STREET ADDRESS ONE PARK AVE CITY - ST - ZIP CITY-ST-ZIP NEW YORK, NY 100165802 ☐ Delete TITLE ☐ Change ☐ Addition THILE FURGATCH, ANDREW L NAME NAME STREET ADDRESS ONE PARK AVE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 100165802 CITY-ST-ZIP ☐ Change Addition VΡ ☐ Delete TITLE THLE GADDY, JOHN L NAME NAME STREET ADDRESS STREET ADDRESS ONE PARK AVE NEW YORK, NY 100165802 CITY-ST-7IP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of sometimental 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 economy or truster 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: PED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND T

5/04/2007

212-591-9500

Daytine Phone #

FILED

# 40110046 ATTACHMENT #810550 PUBLIC SERVICE MUTUAL INSURANCE COMPANY

### BOARD OF DIRECTORS DECEMBER 2006

INDIVIDUAL
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#### **HOME ADDRESS**

Charles L. Crouch III

378 Berkshire Avenue La Canada, CA 91011

Andrew L. Furgatch

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Julius Gantman

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ATTACHMENT

PUBLIC SERVICE MUTUAL INSURAN OFFICERS – DECEMBER 2006

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Chief Actuary

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Assistant Secretary

Manager-Agency Billing

Robert E. Evans Jr.

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Manager – Reinsurance

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Chairman of the Board and Chief Executive Officer

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President, Chief Operating Officer

Executive Vice President & Treasurer

Daniel Jaconetti

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H.O. Claims

Ramdhan Jagoo

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Assistant Treasurer

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Cipriana D. Lee Lum

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Assistant Vice President Manager-Policy Services ATTACHMENT

40110046 #810550

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**Assistant Secretary** 

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Assistant Vice President

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Manager-WC/No-Fault Claims

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Vice President

Director of Human Resources