

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810550

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** PUBLIC SERVICE MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

ONE PARK AVENUE  
NEW YORK, NY 10016 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PARK AVENUE  
NEW YORK, NY 10016 US

**New Mailing Address:**

**FEI Number:** 13-1188550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HILL, II, JOHN T  
Address: ONE PARK AVE  
City-St-Zip: NEW YORK, NY 100165802

Title: VP  
Name: LAWLESS, DAVID A  
Address: ONE PARK AVE  
City-St-Zip: NEW YORK, NY 100165802

Title: SEC  
Name: CROUCH, III, CHARLES L  
Address: ONE PARK AVE  
City-St-Zip: NEW YORK, NY 100165802

Title: COB  
Name: FURGATCH, ANDREW L  
Address: ONE PARK AVE  
City-St-Zip: NEW YORK, NY 100165802

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES L. CROUCH, III

SEC.

01/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date