

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 810550

FILED
Jan 09, 2003
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:

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE, FL

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FURGATCH, ANDREW L
Address: ONE PARK AVENUE
City-St-Zip: NEW YORK, NY 100165802

Title: DSV () Delete
Name: PECKMAN, MILTON
Address: ONE PARK AVENUE
City-St-Zip: NEW YORK, NY 100165802

Title: DTV () Delete
Name: HILL, JOHN T
Address: ONE PARK AVENUE
City-St-Zip: NEW YORK, NY 100165802

Title: D () Delete
Name: CROUCH, CHARLES L
Address: ONE PARK AVENUE
City-St-Zip: NEW YORK, NY 100165802

Title: D () Delete
Name: GOODMAN, ANITA
Address: 46 CROSSHILL ROAD
City-St-Zip: HARTSDALE, NY 10530

Title: D () Delete
Name: SPELLMAN, LEWIS J
Address: 1201 YAUPON VALLEY ROAD
City-St-Zip: AUSTIN, TX 78746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN T. HILL, III

Electronic Signature of Signing Officer or Director

DTV

01/09/2003

_____ Date