

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 810550

**Entity Name:** PUBLIC SERVICE INSURANCE COMPANY

**Current Principal Place of Business:**

ONE PARK AVENUE  
NEW YORK, NY 10016

**Current Mailing Address:**

ONE PARK AVENUE  
NEW YORK, NY 10016 US

**FEI Number:** 13-1188550

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            HILL, II, JOHN T  
Address        ONE PARK AVE  
City-State-Zip: NEW YORK NY 10016-5802

Title            VP  
Name            LAWLESS, DAVID A  
Address        ONE PARK AVE  
City-State-Zip: NEW YORK NY 10016-5802

Title            SEC  
Name            CROUCH, III, CHARLES L  
Address        ONE PARK AVE  
City-State-Zip: NEW YORK NY 10016-5802

Title            COB  
Name            FURGATCH, ANDREW L  
Address        ONE PARK AVE  
City-State-Zip: NEW YORK NY 10016-5802

*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

**VP & SECRETARY**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date