

2013 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
P O BOX 6200 (32314-6200)
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**SECRETARY****01/17/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date