

2015 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

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date