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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 810541 (3)

**1. Corporation Name
PREFERRED MUTUAL INSURANCE COMPANY**

**Principal Place of Business Mailing Address
ONE PREFERRED WAY ONE PREFERRED WAY
NEW BERLIN NY 13411-1896 NEW BERLIN NY 13411
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 09/22/1955 3a. Date of Last Report 04/19/1994

| | | | | | | | |
|---------------------------------------|-----------|----------------------------|-----------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 15-0420080 | | <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | Trust Fund Contribution | | | |
| 23 | | 28 | | 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | Country | Zip | Country | | | | |
| 24 | 25 | 29 | 30 | | | | |

| | | | | | | | |
|--|--|--|--|---|--|-----------|-----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable **DATE** _____ (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------|---------------------------------|--|---|
| TITLE | VP | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIGASPER, JOSEPH P. | 12 NAME | |
| STREET ADDRESS | 37 S MAIN ST | 13 STREET ADDRESS | |
| CITY - ST - ZIP | NEW BERLIN NY | 14 CITY - ST - ZIP | |
| TITLE | D | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRANE, WILLIAM C. | 22 NAME | |
| STREET ADDRESS | 53 CHENANGO ST. | 23 STREET ADDRESS | |
| CITY - ST - ZIP | SHERBURNE NY | 24 CITY - ST - ZIP | |
| TITLE | PD | 31 TITLE | Chairman of the Board & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STILLMAN, PAUL O. | 32 NAME | |
| STREET ADDRESS | RD #1 CHENANGO LAKE | 33 STREET ADDRESS | |
| CITY - ST - ZIP | NORWICH NY | 34 CITY - ST - ZIP | |
| TITLE | VPT | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARKE, DAVID B. | 42 NAME | |
| STREET ADDRESS | 16 CHIRLIN DR. | 43 STREET ADDRESS | |
| CITY - ST - ZIP | NORWICH NY | 44 CITY - ST - ZIP | |
| TITLE | D | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COONEY, MATTHEW T. | 52 NAME | |
| STREET ADDRESS | 40 RANDALL AVE. | 53 STREET ADDRESS | |
| CITY - ST - ZIP | NORWICH, NY. | 54 CITY - ST - ZIP | |
| TITLE | V | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRINGTON, CHARLOTTE D. | 62 NAME | |
| STREET ADDRESS | BOX 188 N/A | 63 STREET ADDRESS | |
| CITY - ST - ZIP | MORRIS NY | 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David B. Clarke* **David B. Clarke** **2/28/95** **607-847-6161 Ext. 211**

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR Date Date/Time

810541

PREFERRED MUTUAL INSURANCE COMPANY
ONE PREFERREDWAY
NEW BERLIN NY 13411-1896

FED ID#: 15-0420080

PRINCIPAL OFFICERS AND DIRECTORS

V
HOLLIDAY, WILLIAM R.
7 SHERMAN PLACE
CLINTON NY 13323

V
SIOK, RONALD C.
RD4 BOX 277
NORWICH NY 13815

P
WADSWORTH, ROBERT A.
NEW BERLIN HEIGHTS BOX 175
NEW BERLIN NY 13411

V
WOODARD, LYNN J.
PO BOX 41
NEW BERLIN NY 13411

ASST S
WILLIAMS, WAYLAND W. (III)
PO BOX 939
SHERBURNE NY 13460

ASST S
CAREY, NANCY A.
76 EAST STREET
EDMESTON NY 13335

V
HOWARD, LINDA J.
RD 3 BOX 44D, DINGMAN HILL ROAD
BAINBRIDGE NY 13733

ASST S
STRONG, GARY G.
RR 4 BOX 414 ALDRICH ROAD
NORWICH NY 13815

D
BRESEE, WILMER E.
160 EAST STREET
ONEONTA NY 13820

D
DECORDOVA, PETER
71 S BROAD STREET
NORWICH NY 13815

D
GILMOUR, EVERETT A.
9 RIDGELAND RD
NORWICH NY 13815

D
HONEYWELL, JAMES W.
50 S MAIN ST
NEW BERLIN NY 13411

D
MITCHELL, JOHN C.
RD 3
NORWICH NY 13815

D
SMITH, GEOFFREY A.
BOX 159
WEST ONEONTA NY 13861

V
DIGIUSEPPE, NUNZIO L.
PO BOX 229 12 CUSHMAN STREET
NEW BERLIN NY 13411

ASST S
HALAQUIST, DENNIS W.
RD1 BOX 217A
UNADILLA NY 13849

V
SCHUG, DONALD T. (JR.)
104 ROOSEVELT DRIVE
UTICA NY 13502

ASST S
STARKWEATHER, DAVID H.
145 LEBANON STREET
HAMILTON NY 13346

D
EMERSON, DAVID B.
GEORGETOWN ROAD
OXFORD NY 13830

V
CRANDALL, JAMES L.
PO BOX 645
NORTH NORWICH NY 13814

D
WESTBROOK, WILLIAM C.
5335 LANSING DR
CHARLOTTE NC 28211

D
BUTARE, JOSEPH J.
RD 4 BOX 505 BURD MEDBURY RD
NORWICH NY 13815

V
TAFT, CHRISTOPHER P.
4818 HYDE ROAD
MANLIUS NY 13104