

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 12 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810541 (3)
 1. Corporation Name
PREFERRED MUTUAL INSURANCE COMPANY

Principal Place of Business ONE PREFERRED WAY NEW BERLIN NY 13411-1896 US	Mailing Address ONE PREFERRED WAY NEW BERLIN NY 13411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1955	3a. Date of Last Report 10/02/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 15-0420080	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MASSIE, JAMES 315 S. CALHOUN STREET SUITE 712 TALLAHASSEE FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGASPER, JOSEPH P.	1.2 NAME	
STREET ADDRESS	37 S MAIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BERLIN NY	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, WILLIAM C.	2.2 NAME	
STREET ADDRESS	53 CHENANGO ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHERBURNE NY	2.4 CITY-ST-ZIP	
TITLE	CEOB <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLMAN, PAUL O.	3.2 NAME	
STREET ADDRESS	RD #1 CHENANGO LAKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORWICH NY	3.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DAVID B.	4.2 NAME	
STREET ADDRESS	16 CHIRLIN DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORWICH NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONEY, MATTHEW T.	5.2 NAME	
STREET ADDRESS	40 RANDALL AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORWICH, NY.	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, CHARLOTTE D.	6.2 NAME	
STREET ADDRESS	BOX 188 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MORRIS NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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 7/25/97 (607-847-6666)

CR2E034 (4/97)