


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/22/1955	4. FEI Number 15-0420080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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

MASSIE, JAMES
315 S. CALHOUN STREET
SUITE 712
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME DIGASPER, JOSEPH P.	1.1 TITLE SVP & CFO	1.2 NAME Christopher P. Taft
STREET ADDRESS 37 S MAIN ST	CITY-ST-ZIP NEW BERLIN NY	1.3 STREET ADDRESS 4818 Hyde Road	1.4 CITY-ST-ZIP Manlius, NY 13104
TITLE D	NAME CRAINE, WILLIAM C.	2.1 TITLE	2.2 NAME
STREET ADDRESS 53 CHENANGO ST.	CITY-ST-ZIP SHERBURNE NY	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE CEOB	NAME STILLMAN, PAUL O.	3.1 TITLE Pres. & CEO	3.2 NAME Robert A. Wadsworth
STREET ADDRESS RD #1 CHENANGO LAKE	CITY-ST-ZIP NORWICH NY	3.3 STREET ADDRESS 7 New Berlin Heights	3.4 CITY-ST-ZIP New Berlin, NY 13411
TITLE VPT	NAME CLARKE, DAVID B.	4.1 TITLE	4.2 NAME
STREET ADDRESS 16 CHIRLIN DR.	CITY-ST-ZIP NORWICH NY	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME COONEY, MATTHEW T.	5.1 TITLE	5.2 NAME
STREET ADDRESS 40 RANDALL AVE.	CITY-ST-ZIP NORWICH, NY.	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE V	NAME HARRINGTON, CHARLOTTE D.	6.1 TITLE SVP & CIOO	6.2 NAME N. Louis DiGiuseppe
STREET ADDRESS BOX 188 N/A	CITY-ST-ZIP MORRIS NY	6.3 STREET ADDRESS 12 Cushman Street	6.4 CITY-ST-ZIP New Berlin, NY 13411

14. I 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 _____

CP2E034 (10/97)