

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90270 037 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 810541

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)  
 2a. Mailing Address (26-28)  
 Suite, Apt. #, etc. (22, 27)  
 City & State (23, 28)  
 Zip (24, 29) Country (25, 30)

3. Date Incorporated or Qualified: 09/22/1955  
 4. FEI Number: 15-0420080  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  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: FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
SVPC	TAFT, CHRISTOPHER P	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4818 HYDE ROAD	1.3 STREET ADDRESS	188 Arrowhead Way
CITY-ST-ZIP	MANLIUS NY 13104	1.4 CITY-ST-ZIP	Clinton NY 13323
D	CRAINE, WILLIAM C.	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	53 CHENANGO ST.	2.1 TITLE	
CITY-ST-ZIP	SHERBURNE NY	2.2 NAME	
PCEO	WADSWORTH, ROBERT A	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7 NEW BERLIN HEIGHTS	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BERLIN NY 13411	2.4 CITY-ST-ZIP	
VPT	CLARKE, DAVID B.	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	16 CHIRLIN DR.	4.1 TITLE	VP
CITY-ST-ZIP	NORWICH NY	4.2 NAME	Woodard, Lynn
D	COONEY, MATTHEW T.	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	40 RANDALL AVE.	4.3 STREET ADDRESS	684 Coye Brook Road
CITY-ST-ZIP	NORWICH, NY.	4.4 CITY-ST-ZIP	South New Berlin, NY 13843
SVPC	DIGIUSEPPE, N L	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12 CUSHMAN ST	5.1 TITLE	
CITY-ST-ZIP	NEW BERLIN NY 13411	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Christopher P. Taft*

2/17/99

800-333-7642

Date

Daytime Phone #

CR2E034 (1/98)