

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90036 047 ***150.00

DOCUMENT # 810541

1. Entity 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 13411-1800
US

804454



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 15-0420080		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MASSIE, JAMES 315 S. CALHOUN STREET SUITE 712 TALLAHASSEE FL 32301				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. 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 *[Signature]* DATE _____

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SVPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAFT, CHRISTOPHER P		NAME	
STREET ADDRESS 188 ARROWHEAD WAY		STREET ADDRESS	
CITY-ST-ZIP CLINTON NY 13323		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRANE, WILLIAM C.		NAME	
STREET ADDRESS 53 CHENANGO ST.		STREET ADDRESS	
CITY-ST-ZIP SHERBURNE NY		CITY-ST-ZIP	
TITLE PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WADSWORTH, ROBERT A		NAME	
STREET ADDRESS 7 NEW BERLIN HEIGHTS		STREET ADDRESS	
CITY-ST-ZIP NEW BERLIN NY 13411		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE AVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOODARD, LYNN		NAME	
STREET ADDRESS 684 COYE BROOK ROAD		STREET ADDRESS	
CITY-ST-ZIP SOUTH NEW BERLIN NY 13843		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COONEY, MATTHEW T.		NAME	
STREET ADDRESS 40 RANDALL AVE.		STREET ADDRESS	
CITY-ST-ZIP NORWICH, NY.		CITY-ST-ZIP	
TITLE SVPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIGIUSEPPE, N L		NAME	
STREET ADDRESS 12 CUSHMAN ST		STREET ADDRESS	
CITY-ST-ZIP NEW BERLIN NY 13411		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/2/00** **607-847-6161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LYNN T WOODARD** Date Daytime Phone #

CR2E034 (9/99)