

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 23 1997 8:00am
Secretary of State

DOCUMENT # 812108 (9)
1. Corporation Name
NATIONAL GRANGE MUTUAL INSURANCE COMPANY

Principal Place of Business Mailing Address
55 WEST STREET 55 WEST STREET
KEENE NH 03431 KEENE NH 03431-3374



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1957	3a. Date of Last Report 12/11/1996
21	26	4. FEI Number 02-0170490		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country	
25 Country		29 Country		30 Country	

9. Name and Address of Current Registered Agent FLORIDA DEPARTMENT OF INSURANCE 200 EAST GAINES STREET THE LARSON BUILDING TALLAHASSEE FL 32399				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				FL	

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V BLEYLY, JOHN A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	55 WEST STREET	1.2 NAME	
STREET ADDRESS	KEENE NH	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S MCKENNA, WILLIAM C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	55 WEST STREET	2.2 NAME	
STREET ADDRESS	KEENE NH	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PC KOERNER, PHILIP D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	55 WEST STREET	3.2 NAME	
STREET ADDRESS	KEENE NH	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VT ROYER, DAVID L	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	55 WEST STREET	4.2 NAME	
STREET ADDRESS	KEENE NH	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V CONLON, JOSEPH R	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	55 WEST STREET	5.2 NAME	
STREET ADDRESS	KEENE NH	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V GRAUWILER, JOSEPH L	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	55 WEST STREET	6.2 NAME	
STREET ADDRESS	KEENE NH	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: April 29, 1997 DAYTIME PHONE: (603) 358-1440

CR2E034 (9/96)