FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90034 029 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 812108

1. Corporation Name

NATIONAL GRANGE MUTUAL INSURANCE COMPANY

Principal Place	of Business	Ma	ailing Address					(*##(#F (#III) 1(#) # 11## (11##)		, 5,5,1	
55 WEST STREET 55 WEST STREET KEENE NH 03431 KEENE NH 03431								DO NOT WRIT	PACE		
							•	3. Date Incorporated or Qualifed			
•								07/29/1957	-		
2. Principal Pla	ace of Business .	2a.	Mailing Address					4. FEI Number			Applied For
21		26						02-0170490			Not Applicable Additional
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.					5. Certificate of Status Desired		+ · · ·	Required
22			7 City & State					S. Fleetier Compaign Financing			May Be
City & State	3	28	City a State					Election Campaign Financing Trust Fund Contribution			to Fees
Zip	Country	- 20	Zip	С	ountry			8. This corporation owes the curre	nt vear Intar	ngible	
24	25	29	.F	30	•			Personal Property Tax.			130No
	9. Name and Address of Curren	t Regis	tered Agent					10. Name and Address of New R	egistered A	gent	
					81	Name					
	RIDA DEPARTMENT OF INSURAN	ICE			82	Street	Addres	s (P.O. Box Number is Not Acceptal	ole)		
	EAST GAINES STREET					<u> </u>			,		
	LARSON BUILDING				. 83	ij					,
TALLAHASSEE FL 32399					84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508. Florida Statut	es, the	abov	e-named	corpor	ation submits this statement for the	surpose of c	hanging i	ts registered
office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obligat	へも トルハロイ	ta. Such change was a	יחחתונו	rea av	the com	oration	's board of directors. I hereby accept	the appoint	ment as i	registered
SIGNATURE	Signature, typed or printed name of registered ager	t and title	if applicable /NOTE	· Registo	ned Ane	nt siodature r	equired w	then reinstating)	DATE		
12.	OFFICERS AN				3.	and and a	- dame	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
me	V ^		DELETE	1.1	TITLE		[V			Change	e 🔀 Addition
NAME	BLEYLY, JOHN A			1.2	NAME		Van	Berkel, Thomas M.			{
STREET ADDRESS	55 WEST STREET			1.3	STREE	T ADDRESS	55	West Street			Ĭ
CITY-ST-ZIP	KEENE NH			1.4	4 CITY- S	ST-ZIP	Kee	ne, NH 03431			
TITLE	S		☐ DELETE	2.1	TITLE		٧			Change	e 🔀 Addition
NAME	MCKENNA, WILLIAM C			. 22	NAME	İ	Mes	hako, Susan D.			ł
STREET ADDRESS	55 WEST STREET			2.3	3 STREE	T ADDRESS		West Street			,
CITY-ST-ZIP	KEENE NH		<u></u> _		4 CITY-	ST-ZIP		ne, NH 03431		- Character	Addition
TITLE	PC		☐ DELETE		TITLE		Voc	hay's Ferroll		Change	e 🔀 Addition
NAME	KOERNER, PHILIP D				2 NAME			nd; Larry/			
STREET ADDRESS	55 WEST STREET					T ADDRESS		West Street			
CITY-ST-ZIP	KEENE NH		M DELETE	_	4, CITY-	ST-ZIP	Kee	ne, NH 03431		Change	e 🗖 Addition
TITLE	VT		M DELETE		1 TITLE		V			Grange	, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,
NAME	ROYER, DAVID L		•		2 NAME			ity, Stephen			
STREET ADDRESS	55 WEST STREET					T ADDRESS		West Street			ļ
CITY-ST-ZIP	KEENE NH		□ DELETE	_	4 CITY-5 1 TITLE	ST-ZIP	Kee	ne, NH 03431		Change	e 🔀 Addition
ΠLE	V				1 IIILE 2 NAME		V				- 25
NAME	GRAUWILER, JOSEPH L			- 8		TADDRESS	Ger	lach, Scott B. WEst Street			}
STREET ADDRESS	55 WEST STREET			- 1	4 CITY-1		55	WEst Street			ļ
CITY-ST-ZIP	KEENE NH			5.4	4 (-1) 1 - (31-411	⊥Kee	ene, NH 03431			

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 or an attachment with an address, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

MINISTRED F SIGNING OFFICER OR DIRECTOR
COrporate Secretary

DELETE

March 1, 1999

Hay, Susan D.

55 WEst Street

(603) 358-1440

Addition

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 812108 1. Corporation Name

NATIONAL GRANGE MUTUAL INSURANCE COMPANY

Principal Place of Bus	iness	Mailing Addres	s	-				.01 01 8 0 0	1841 84814 81844 81	BAL BABIL 1888
55 WEST STREET KEENE NH 03431	55 WEST STREE KEENE NH 0343					DO NOT WRIT	TE IN THIS	SPACE		
						-	3. Date Incorporated or Qualifed			
							07/29/1957			
2. Principal Place of E	Business	2a. Mailing Add	ress				4. FEI Number		Apr	lied For
21		26				Ì	_02-0170490)	Applicable
Suite, Apt. #, etc.		Suite, Apt.	#, etc.						\$8.75 A	
22		27		-		. '	5. Certificate of Status Desired	_ Ш	Fee Red	
City & State		City & State	9				6. Election Campaign Financing		\$5.00	Mav Be
23		28					Trust Fund Contribution		Added to	
Zip	Country	Zip		Country			8. This corporation owes the curr	ent year Int	angible	
24	25	29	3	0			Personal Property Tax.			□No
9. N	ame and Address of Curre	nt Registered Agent					Name and Address of New R	Registered .	Agent	
EL ODIDA D	ED 1 DY1 (C) 17 OF 11 OF 15			81	Name					
	EPARTMENT OF INSURA	INCE		82	Street	Address	(P.O. Box Number is Not Accepta	ble)		
	SAINES STREET							<u> </u>		
	IN BUILDING			83						
TALLAHASS	SEE FL 32399			84	City				85 Zip C	ode
					1			FL		
SIGNATURE	d agent, or both, in the State ar with, and accept the oblig	ations of, Section 607	.0505, Florid	norized by a Statutes			on submits this statement for the board of directors. I hereby accep	t the appoin	ntment as reg	istered
12.	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 12
TITLE			DELETE	1.1 TITLE		V			Change	Addition
NAME				1 2 NAME		Doro	cus, Mark K.			
STREET ADDRESS				13 STREET	ADDRESS		√ēst Street			
CITY-ST-ZIP				14 CITY-ST	r-ZiP	Keer	ne, NH 03431			
TITLE	•		DELETE	2.1 TITLE		D			☐ Change	Addition
NAME				2.2 NAME		Brac	kett, Norman E.			
STREET ADDRESS				2.3 STREET	ADDRESS	55 V	Vest Street			
CITY-ST-ZIP -		***		2.4 CITY+S	T-ZIP	Keer	ne. NH03431	~~ = ~		
TITLE			DELETE	3.1 TITLE		D			Change	Addition
NAME				3.2 NAME		Clev	veland, Cotton M.			
STREET ADDRESS				3 3 STREET	ADDRESS	55 V	Vest Street			
CITY-ST-ZIP				34 CITY-S	T-ZIP	Keer	ne, N H 03431			
TITLE			DELETE	4.1 TITLE		D			Change	X Addition
NAME				4. 2 NAME		Farm	mer, Charles A.			
STREET ACORESS				4 3 STREET	ADDRESS		Vesť Street			
CITY-ST-ZIP				44 CITY-ST	r- 21P	Keer	ne, NH 03431			
TITLE		n i	DELETE	E 4 TITLE		n n			Change	M Addition

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53 STREET ADDRESS

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

NASSE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

March 1, 1999 (603)358-1440

Gunter, William D., Jr.

03431

55 West Street Keene, NH 03431

Jacobs, Terry S.

55 West Street

Keene, NH

812108

Page 2 of 3 pages

Change

Addition

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NATIONAL CRANCE MUTUAL INCURANCE COMPANY

Principal Place of Business Mailing Address 55 WEST STREET KEENE NH 03431 KEENE NH 03431										
	REENE NIT 00431				DO NOT WRITE IN THIS SPACE					
					Date Incorporated or Qualifed					
2.0	122				07/29/1957					
·— ·	Principal Place of Business Address Mailing Address				4. FEI Number	\- <u></u> -	plied For			
21	[26]			02-0170490		t Applicable				
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	5. Certificate of Status Desired				
City & State	City & Sta			6. Election Campaign Financing S5.00 May Trust Fund Contribution Added to Fer						
	Country Zip Co				8. This corporation owes the current year Inta-					
24 25	24 25 29 30					Yes	□No			
9. Name and Add	ress of Current Registered Ager	it			10. Name and Address of New Registered A	gent				
office or registered agent, or bo	G 19 ections 607,0502 and 607,1508. File	ange was authori;	zed by	e-named the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	85 Zip C hanging its ment as reg	registered			
Signature, typed or printed na	me of registered agent and title if applicable	(NOTE: Registe	ered Agan	il signature re	equired when reinstating) DATE					
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12			
TITLE		DELETE 1.	1 TITLE			☐ Change	Addition			
NAME		1;	2 NAME		Morley, James E., Jr.					
STREET ADDRESS	•	t.	3 STREET	ADDRESS	55 West Street					
CITY-ST-ZIP			4 CITY+S	r-z:P	<u>Keene, NH 03431</u>					
TITLE		DELETE 2:	2.1 TITLE			☐ Change	🔀 Addition			
NAME		2:	2 NAME	}	Stewart, Barbara D.					
STREET ADDRESS		2.:	3 STREET	ADDRESS	55 West Street					
CITY- ST- ZIP			4 CITY-S	T-2IP	<u>Keene, NH 03431</u>					
TITLE		DELETE 3.	1 TITLE	[Change	🔀 Addition			
NAME		3	2 NAME	İ	Wray, David B.					
STREET ADDRESS		[3:	3 STREET	ADDRESS	55 West Street	-				
CITY-ST-ZIP		3.	4. CITY-S	T-ZIP	Keene, NH 03431					

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6.4 CITY-ST-Z:P

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4 1 TITLE

4, 2 NAME

5 1 TITLE

52 NAME

6 1 TITLE

62 NAME 6 3 STREET ADDRESS

DELETE

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAV<u>E</u> STREET ADDRESS

TOTLE

NAME

March 1, 1999

Keene, NH

(603)358-1440

Change 1

Change

☐ Change

☐ Addition

☐ Addition

Addition

2 3 1902 - 90034- Al

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Page 3 of 3 pages