


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812108

1. Corporation Name

NATIONAL GRANGE MUTUAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

55 WEST STREET
KEENE NH 03431

55 WEST STREET
KEENE NH 03431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1957

4. FEI Number

02-0170490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA DEPARTMENT OF INSURANCE
200 EAST GAINES STREET
THE LARSON BUILDING
TALLAHASSEE FL 32399

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

TITLE **V** ☒ DELETE

NAME **BLEYLY, JOHN A**
STREET ADDRESS **55 WEST STREET**
CITY-ST-ZIP **KEENE NH**

TITLE **S** ☐ DELETE

NAME **MCKENNA, WILLIAM C**
STREET ADDRESS **55 WEST STREET**
CITY-ST-ZIP **KEENE NH**

TITLE **PC** ☐ DELETE

NAME **KOERNER, PHILIP D**
STREET ADDRESS **55 WEST STREET**
CITY-ST-ZIP **KEENE NH**

TITLE **VT** ☒ DELETE

NAME **ROYER, DAVID L**
STREET ADDRESS **55 WEST STREET**
CITY-ST-ZIP **KEENE NH**

TITLE **V** ☐ DELETE

NAME **GRAUWILER, JOSEPH L**
STREET ADDRESS **55 WEST STREET**
CITY-ST-ZIP **KEENE NH**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **V** ☐ Change ☒ Addition

1.2 NAME **VanBerkel, Thomas M.**
1.3 STREET ADDRESS **55 West Street**
1.4 CITY-ST-ZIP **Keene, NH 03431**

2.1 TITLE **V** ☐ Change ☒ Addition

2.2 NAME **Meshako, Susan D.**
2.3 STREET ADDRESS **55 West Street**
2.4 CITY-ST-ZIP **Keene, NH 03431**

3.1 TITLE **V** ☐ Change ☒ Addition

3.2 NAME **Acord, Larry**
3.3 STREET ADDRESS **55 West Street**
3.4 CITY-ST-ZIP **Keene, NH 03431**

4.1 TITLE **V** ☐ Change ☒ Addition

4.2 NAME **Canty, Stephen**
4.3 STREET ADDRESS **55 West Street**
4.4 CITY-ST-ZIP **Keene, NH 03431**

5.1 TITLE **V** ☐ Change ☒ Addition

5.2 NAME **Gerlach, Scott B.**
5.3 STREET ADDRESS **55 West Street**
5.4 CITY-ST-ZIP **Keene, NH 03431**

6.1 TITLE **V** ☐ Change ☒ Addition

6.2 NAME **Hay, Susan D.**
6.3 STREET ADDRESS **55 West Street**
6.4 CITY-ST-ZIP **Keene, 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William C. McKenna, Corporate Secretary

March 1, 1999

(603) 358-1440

Date

Daytime Phone #

CR2E034 (11/98)

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037902-90034-29
812108
Page 2 of 3 pages

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 55 WEST STREET KEENE NH 03431		Mailing Address 55 WEST STREET KEENE NH 03431	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 07/29/1957	
2a. Mailing Address		4. FEI Number 02-0170490	
21 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		26	
27		28	
29		30	
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 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			
TITLE		1.1 TITLE	
NAME		V Dorcus, Mark K.	
STREET ADDRESS		1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		D Brackett, Norman E.	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		D Cleveland, Cotton M.	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		D Farmer, Charles A.	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		D Gunter, William D., Jr.	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		D Jacobs, Terry S.	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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SIGNATURE:

William D. Gunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 1999 (603)358-1440

Date Daytime Phone #

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Trust Fund Contribution

☐

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☐ Yes

☐ No

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22 City & State

23 Zip Country

24

25

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27 City & State

28 Zip Country

29

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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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Morley, James E., Jr.
1.3 STREET ADDRESS 55 West Street
1.4 CITY-ST-ZIP Keene, NH 03431

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Stewart, Barbara D.
2.3 STREET ADDRESS 55 West Street
2.4 CITY-ST-ZIP Keene, NH 03431

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Wray, David B.
3.3 STREET ADDRESS 55 West Street
3.4 CITY-ST-ZIP Keene, NH 03431

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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