


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |
|---|---|
| <b>DOCUMENT # F02000000659</b><br>1. Entity Name<br><b>ORISKA INSURANCE COMPANY</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>1310 UTICA STREET<br/>         ORISKANY, NY 13424</b> | Mailing Address<br><b>PO BOX 855<br/>         ORISKANY, NY 13424</b> |
|---|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

94083783



04152004 Chg-P CR2E034 (10/03)

|                                    |                            |
|------------------------------------|----------------------------|
| 4. FEI Number<br><b>16-1418092</b> | Applied For<br>Not Applica |
|------------------------------------|----------------------------|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>                        |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b>         |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable)         |
| City <span style="float: right;"><b>FL</b></span> Zip Code |

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when re-registering) D41P

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

**10. OFFICERS AND DIRECTORS**

|                 |                             |                                 |
|-----------------|-----------------------------|---------------------------------|
| TITLE           | PCD<br>KERNAN, JAMES M      | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 1310 UTICA ST.              |                                 |
| CITY - ST - ZIP | ORISKANY, NY 13424          |                                 |
| TITLE           | S/D<br>TALARICO, FRANK R    | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 723 W. WALNUT STREET        |                                 |
| CITY - ST - ZIP | HERKIMER, NY 13350          |                                 |
| TITLE           | T/D<br>HART, PATRICK J      | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 1008 CORNELIA STREET        |                                 |
| CITY - ST - ZIP | UTICA, NY 13501             |                                 |
| TITLE           | D<br>PENCZEK, EDWARD R      | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 12554 STATE RT. 12          |                                 |
| CITY - ST - ZIP | BOONVILLE, NY 13309         |                                 |
| TITLE           | D<br>DILLON, JOHN T         | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 333 GROS BLVD               |                                 |
| CITY - ST - ZIP | HERKIMER, NY 13350          |                                 |
| TITLE           | D<br>GALASSO, CHRISTOPHER D | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 6633 MAIN STREET            |                                 |
| CITY - ST - ZIP | WILLIAMSVILLE, NY 14221     |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                 |                               |                                 |   |
|-----------------|-------------------------------|---------------------------------|---|
| TITLE           | ASST.S/D<br>MARTIN, SHARON Z. | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Add |
| STREET ADDRESS  | 113 CIDER STREET              |                                 |   |
| CITY - ST - ZIP | ORISKANY, NY 13424            |                                 |   |
| TITLE           | VP<br>DAVIS, FREDRICK K.      | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Add |
| STREET ADDRESS  | 401 UTICA STREET              |                                 |   |
| CITY - ST - ZIP | ORISKANY, NY 13424            |                                 |   |
| TITLE           | D<br>KERNAN, ROBERT J.        | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Add |
| STREET ADDRESS  | 108 CIDER STREET              |                                 |   |
| CITY - ST - ZIP | ORISKANY, NY 13424            |                                 |   |
| TITLE           | SEE NEXT PAGE                 | <input type="checkbox"/> Change | <input type="checkbox"/> Add            |
| STREET ADDRESS  |                               |                                 |   |
| CITY - ST - ZIP |                               |                                 |   |
| TITLE           |                               | <input type="checkbox"/> Change | <input type="checkbox"/> Add            |
| STREET ADDRESS  |                               |                                 |   |
| CITY - ST - ZIP |                               |                                 |   |

12. 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 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  4/23/04 (315) 768-2726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

Attachment

#FO200000659

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

**THESE DIRECTORS ARE CONTINUING SERVICE ON THE BOARD OF ORISKA INSURANCE COMPANY.**

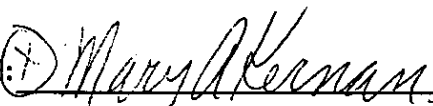
TITLE D  Change  Addition  
NAME Kernan, Mary A.  
STREET ADDRESS 47 West Street  
CITY-ST-ZIP Ilion, NY 13357

TITLE D  Change  Addition  
NAME DiStefano, Bruce W.  
STREET ADDRESS 166 Van Rensselaer Blvd.  
CITY-ST-ZIP Menands, NY 12204-1709

TITLE D  Change  Addition  
NAME Hamlin, Keith T.  
STREET ADDRESS 6135 State Rt. 55 East  
CITY-ST-ZIP Liberty, NY 12754

TITLE D  Change  Addition  
NAME Husted, Lisa E.  
STREET ADDRESS 400 Wood Road  
CITY-ST-ZIP Whitesboro, NY 13492

TITLE D  Change  Addition  
NAME Talarico, Frank J.  
STREET ADDRESS 718 Johnson Avenue  
CITY-ST-ZIP Herkimer, NY 13350

SIGNATURE:  Mary A. Kernan 4/15/04 315-894-5049  
Signature and typed or printed name of signing officer or director Date Daytime Phone