

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91256 018 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F0200000659
 1. Entity Name
ORISKA INSURANCE COMPANY



Principal Place of Business
**1310 UTICA STREET
 ORISKANY, NY 13424**

Mailing Address
**PO BOX 855
 ORISKANY, NY 13424**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

94083783



04152004 Chg-P CR2E034 (10/03)

4. FEI Number
16-1418092

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. 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 reinstating) D41P

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KERNAN, JAMES M 1310 UTICA ST. ORISKANY, NY 13424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST.S/D MARTIN, SHARON Z. 113 CIDER STREET ORISKANY, NY 13424 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D TALARICO, FRANK R 723 W. WALNUT STREET HERKIMER, NY 13350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, FREDRICK K. 401 UTICA STREET ORISKANY, NY 13424 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HART, PATRICK J 1008 CORNELIA STREET UTICA, NY 13501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERNAN, ROBERT J. 108 CIDER STREET ORISKANY, NY 13424 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENCZEK, EDWARD R 12554 STATE RT. 12 BOONVILLE, NY 13309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE NEXT PAGE <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLON, JOHN T 333 GROS BLVD HERKIMER, NY 13350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALASSO, CHRISTOPHER D 6633 MAIN STREET WILLIAMSVILLE, NY 14221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *John Kernan* Date: 4/23/04 Telephone: (315) 768-2726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

#FO200000659

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

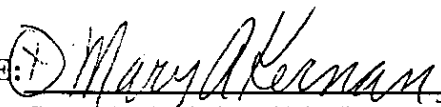
TITLE D Change Addition
NAME Kernan, Mary A.
STREET ADDRESS 47 West Street
CITY-ST-ZIP Ilion, NY 13357

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