

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000659

FILED
Mar 24, 2005
Secretary of State

Entity Name: ORISKA INSURANCE COMPANY

Current Principal Place of Business:

1310 UTICA STREET
ORISKANY, NY 13424

New Principal Place of Business:

Current Mailing Address:

PO BOX 855
ORISKANY, NY 13424

New Mailing Address:

FEI Number: 16-1418092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: KERNAN, JAMES M
Address: 1310 UTICA ST.
City-St-Zip: ORISKANY, NY 13424

Title: S/D () Delete
Name: TALARICO, FRANK R
Address: 723 W. WALNUT STREET
City-St-Zip: HERKIMER, NY 13350

Title: T/D () Delete
Name: HART, PATRICK J
Address: 1008 CORNELIA STREET
City-St-Zip: UTICA, NY 13501

Title: D () Delete
Name: PENCZEK, EDWARD R
Address: 12554 STATE RT. 12
City-St-Zip: BOONVILLE, NY 13309

Title: D () Delete
Name: DILLON, JOHN T
Address: 333 GROS BLVD
City-St-Zip: HERKIMER, NY 13350

Title: D () Delete
Name: GALASSO, CHRISTOPHER D
Address: 6633 MAIN STREET
City-St-Zip: WILLAIMEVILLE, NY 14221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. KERNAN

PRES

03/24/2005

Electronic Signature of Signing Officer or Director

Date