

# 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: WILLAIVMSVILLE, 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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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