

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

FILED
May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 812108 (9)
 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 03431-3374**

3. Date Incorporated or Qualified **07/29/1957** 3a. Date of Last Report **12/11/1996**
 4. FEI Number **02-0170490** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 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 28 Zip Country 29 Zip Country
 24 25 29 30

g. 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 **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 re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	BLEYLY, JOHN A	
STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCKENNA, WILLIAM C	
STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	KOERNER, PHILIP D	
STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ROYER, DAVID L	
STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CONLON, JOSEPH R	
STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRAUWILER, JOSEPH L	
STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **REQUIRED** *April 29, 1997* *(603) 358-1440*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0011224**

CP2E034 (9/96)