


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812108
 1. Corporation Name
NATIONAL GRANGE MUTUAL INSURANCE COMPANY



Principal Place of Business 55 WEST STREET KEENE NH 03431	Mailing Address 55 WEST STREET KEENE NH 03431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1957	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 02-0170490	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA DEPARTMENT OF INSURANCE 200 EAST GAINES STREET THE LARSON BUILDING TALLAHASSEE FL 32399				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLELYL, JOHN A			1.2 NAME	VanBerkel, Thomas M.		
STREET ADDRESS	55 WEST STREET			1.3 STREET ADDRESS	55 West Street		
CITY-ST-ZIP	KEENE NH			1.4 CITY-ST-ZIP	Keene, NH 03431		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCKENNA, WILLIAM C			2.2 NAME	Meshako, Susan D.		
STREET ADDRESS	55 WEST STREET			2.3 STREET ADDRESS	55 West Street		
CITY-ST-ZIP	KEENE NH			2.4 CITY-ST-ZIP	Keene, NH 03431		
TITLE	PC	<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOERNER, PHILIP D			3.2 NAME	Acord, Larry		
STREET ADDRESS	55 WEST STREET			3.3 STREET ADDRESS	55 West Street		
CITY-ST-ZIP	KEENE NH			3.4 CITY-ST-ZIP	Keene, NH 03431		
TITLE	VT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROYER, DAVID L			4.2 NAME	Canty, Stephen		
STREET ADDRESS	55 WEST STREET			4.3 STREET ADDRESS	55 West Street		
CITY-ST-ZIP	KEENE NH			4.4 CITY-ST-ZIP	Keene, NH 03431		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAUWILER, JOSEPH L			5.2 NAME	Gerlach, Scott B.		
STREET ADDRESS	55 WEST STREET			5.3 STREET ADDRESS	55 West Street		
CITY-ST-ZIP	KEENE NH			5.4 CITY-ST-ZIP	Keene, NH 03431		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Hay, Susan D.		
STREET ADDRESS				6.3 STREET ADDRESS	55 West Street		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Keene, NH 03431		


14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE: William C. McKenna **REQUIRED** March 1, 1999 (603) 358-1440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 William C. McKenna, Corporate Secretary

CR2E034 (11/98)

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812108
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DOCUMENT # 812108
1. Corporation Name
NATIONAL GRANGE MUTUAL INSURANCE COMPANY



Principal Place of Business 55 WEST STREET KEENE NH 03431	Mailing Address 55 WEST STREET KEENE NH 03431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/29/1957
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 02-0170490
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Dorcus, Mark K.
STREET ADDRESS		1.3 STREET ADDRESS	55 West Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Keene, NH 03431
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Brackett, Norman E.
STREET ADDRESS		2.3 STREET ADDRESS	55 West Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Keene, NH 03431
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Cleveland, Cotton M.
STREET ADDRESS		3.3 STREET ADDRESS	55 West Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Keene, N H 03431
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Farmer, Charles A.
STREET ADDRESS		4.3 STREET ADDRESS	55 West Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Keene, NH 03431
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gunter, William D., Jr.
STREET ADDRESS		5.3 STREET ADDRESS	55 West Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Keene, NH 03431
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Jacobs, Terry S.
STREET ADDRESS		6.3 STREET ADDRESS	55 West Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Keene, NH 03431

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SIGNATURE: William D. Gunter March 1, 1999 (603)358-1440

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City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

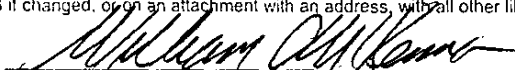
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FLORIDA DEPARTMENT OF INSURANCE 200 EAST GAINES STREET THE LARSON BUILDING TALLAHASSEE FL 32399		81 Name	
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Morley, James E., Jr.
STREET ADDRESS		1.3 STREET ADDRESS	55 West Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Keene, NH 03431
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Stewart, Barbara D.
STREET ADDRESS		2.3 STREET ADDRESS	55 West Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Keene, NH 03431
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Wray, David B.
STREET ADDRESS		3.3 STREET ADDRESS	55 West Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Keene, NH 03431
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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SIGNATURE: 

March 1, 1999 (603)358-1440