

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90205 036 ***150.00

DOCUMENT # 812108

1. Entity Name
NATIONAL GRANGE MUTUAL INSURANCE COMPANY

Principal Place of Business 55 WEST STREET KEENE NH 03431	Mailing Address 55 WEST STREET KEENE NH 03431-3374
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00064815



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 02-0170490		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
FLORIDA DEPARTMENT OF INSURANCE 200 EAST GAINES STREET THE LARSON BUILDING TALLAHASSEE FL 32399				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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLEVLY, JOHN A		NAME	VAN BERKEL, THOMAS J.	
STREET ADDRESS	55 WEST STREET		STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH		CITY-ST-ZIP	KEENE NH 03431	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKENNA, WILLIAM C		NAME	HUIZENGA, RAYMOND (NMN) JR.	
STREET ADDRESS	55 WEST STREET		STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH		CITY-ST-ZIP	KEENE NH 03431	
TITLE	PC	<input type="checkbox"/> Delete	TITLE	C/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOERNER, PHILIP D		NAME	KOERNER, PHILIP D.	
STREET ADDRESS	55 WEST STREET		STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH		CITY-ST-ZIP	KEENE NH 03431	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROYER, DAVID L		NAME	KUHL, EDWARD J.	
STREET ADDRESS	55 WEST STREET		STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH		CITY-ST-ZIP	KEENE NH 03431	
TITLE	V	<input type="checkbox"/> Delete	TITLE	EXEC V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAUWILER, JOSEPH L		NAME	EDDY, JEANNE H.	
STREET ADDRESS	55 WEST STREET		STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH		CITY-ST-ZIP	KEENE NH 03431	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORCUS, MARK K		NAME	ACORD, LARRY G.	
STREET ADDRESS	55 WEST ST		STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH 03431		CITY-ST-ZIP	KEENE NH 03431	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like employers.

SIGNATURE: William C McKenna DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADDENDUM

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0064815
812108*

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #812108

NATIONAL GRANGE MUTUAL INSURANCE COMPANY
55 West Street
Keene, NH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (CONTINUED)

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHEN D. CANTY 55 WEST STREET KEENE, NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT B. GERLACH 55 WEST STREET KEENE, NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN E. BRACKETT 13 PILLSBURY DRIVE SCARBOROUGH, ME 04074 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTON M. CLEVELAND 123 MAIN STREET NEW LONDON, NH 03257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES A. FARMER 101 KENDALL ROAD KEENE, NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM D. GUNTER, JR. 1117 THOMASVILLE ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY S. JACOBS 50 EAST RIVER CENTER BLVD, STE 180 COVINGTON, KY 41011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES E. MORLEY, JR. 2501 M. STREET NW, STE 400 WASHINGTON, DC 20037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA D. STEWART 2660 PEACHTREE ROAD, #21A ATLANTA, GA 30305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID B. WRAY 37 WOODMAN ROAD CHESTNUT HILL, MA 02467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition