

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90015 009 ***150.00

0593771

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
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701093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 02-0170490	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN BERKEL, THOMAS J 55 WEST STREET KEENE NH 03431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKENNA, WILLIAM C 55 WEST STREET KEENE NH <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KOERNER, PHILIP D 55 WEST STREET KEENE NH 03431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KUHL, EDWARD J 55 WEST STREET KEENE NH 03431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAUWILER, JOSEPH L 55 WEST STREET KEENE NH <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DORCUS, MARK K 55 WEST ST KEENE NH 03431 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC V EDDY, JEANNE H. 55 WEST STREET KEENE NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACORD, LARRY G. 55 WEST STREET KEENE NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANTY, STEPHEN D. 55 WEST STREET KEENE, NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERLACH, SCOTT B. 55 WEST STREET KEENE NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEVELAND, SCOTTONEM. 123 MAIN STREET NEW LONDON NH 03257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMER, CHARLES A. 101 KENDALL ROAD KEENE NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 empowered.

SIGNATURE *William C. McKenna* **William C. McKenna** 1/11/01 (603) 358-1440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

ADDENDUM

Document# 812108

2001 UNIFORM BUSINESS REPORT (UBR)

701093

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	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