

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90182 047 ***150.00

UBR/02 AI

DOCUMENT # 812108

1. Entity Name
NATIONAL GRANGE MUTUAL INSURANCE COMPANY

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
02-0170490 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	P/D VAN BERKEL, THOMAS M 55 WEST STREET KEENE, NH 03431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	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	CD KOERNER, PHILIP D 55 WEST STREET KEENE NH 03431 <input type="checkbox"/> Delete	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	VT KUHL, EDWARD J 55 WEST STREET KEENE NH 03431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HYATT, RICHARD A 55 WEST STREET KEENE NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 GELB, JOEL P 55 WEST STREET KEENE NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DORCUS, MARK K 55 WEST ST KEENE NH 03431 <input checked="" type="checkbox"/> Delete	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

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, Corporate Secretary 1-28-02 (603) 358-1440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
Doc. # 812108

ADDENDUM

2002 UNIFORM BUSINESS REPORT (UBR)

313954

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	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ACCORD, LARRY G		
STREET ADDRESS	9428 BAYMEADOWS ROAD		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STACY, KELLY J		
STREET ADDRESS	9428 BAYMEADOWS ROAD		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLEVELAND, COTTON M		
STREET ADDRESS	123 MAIN STREET		
CITY-ST-ZIP	NEW LONDON, NH 03257		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ELFNER III, ALBERT H		
STREET ADDRESS	53 CHESTNUT STREET		
CITY-ST-ZIP	BOSTON, MA 02114		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FARMER, CHARLES A		
STREET ADDRESS	64 PARK AVENUE #94		
CITY-ST-ZIP	KEENE, NH 03431		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GUNTER JR., WILLIAM D		
STREET ADDRESS	1117 THOMASVILLE ROAD		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JACOBS, TERRY S		
STREET ADDRESS	50 EAST RIVER CENTER BLVD, STE 180		
CITY-ST-ZIP	COVINGTON, KY 41011		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MORLEY, JR., JAMES E		
STREET ADDRESS	2501 M. STREET NW, STE 400		
CITY-ST-ZIP	WASHINGTON, DC 20037		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STEWART, BARBARA D		
STREET ADDRESS	2660 PEACHTREE ROAD, #21A		
CITY-ST-ZIP	ATLANTA, GA 30305		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WRAY, DAVID B		
STREET ADDRESS	37 WOODMAN ROAD		
CITY-ST-ZIP	CHESTNUT HILL, MA 02467		