

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
 03-04-2000 90107 038 ***150.00

DOCUMENT # 802939
 1. Entity Name
WATERFORD INSURANCE COMPANY

Principal Place of Business Mailing Address
 707 S.E. QUNICY 2450 14TH AVE. S.E.
 200 ALBANY OR 97321-6880
 TOPEKA FL 66603 US
 US

2. Principal Place of Business 3. Mailing Address
 555 Kansas Ave 80 South Main Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 301
 City & State City & State
 Topeka, KS Hanover, NH
 Zip Country Zip Country
 66603 USA 03755 USA

4. FEI Number Applied For
48-0470690 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FLORIDA STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent
 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 _____ (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, 2000 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	D BAXTER, TERRY 130 SPRING HILL RD LYNE NH 03768 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Morgan Wesley Davis 80 South Main Street Hanover, NH 03755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF BARRETTE, RAY 12 MAPLE STREET HANOVER NH 03755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jean Caroline Brown 80 South Main Street Hanover, NH 03755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC PAQUETTE, MIKE 100 THREE MILE RD HANOVER NH 03755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BEAULIEU, DENNIS P 61 BARNARD HILL RD DUNBARTON NH 03045-4602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, REID T 80 SOUTH MAIN ST HANOVER NH 03755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBERTING, KERNAN V 80 SOUTH MAIN ST HANOVER NH 03755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Dennis P. Beaulieu **Dennis P. Beaulieu, Secretary** 2/25/00 603-640-2206
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)