

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 802939

1. Entity Name

WATERFORD INSURANCE COMPANY

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90107 038 \*\*\*150.00

Principal Place of Business

Mailing Address

707 S.E. QUNICY  
200  
TOPEKA FL 66603  
US

2450 14TH AVE. S.E.  
ALBANY OR 97321-6880  
US

011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 Kansas Ave

3. Mailing Address

80 South Main Street

Suite, Apt. #, etc.

301

City & State

Topeka, KS

Suite, Apt. #, etc.

City & State

Hanover, NH

4. FEI Number

48-0470690

Applied For

Not Applicable

Zip

66603

Country

USA

Zip

03755

Country

USA

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	BAXTER, TERRY	
STREET ADDRESS	130 SPRING HILL RD	
CITY-ST-ZIP	LYNE NH 03768	
TITLE	EVCF	<input type="checkbox"/> Delete
NAME	BARRETTE, RAY	
STREET ADDRESS	12 MAPLE STREET	
CITY-ST-ZIP	HANOVER NH 03755	
TITLE	SVC	<input type="checkbox"/> Delete
NAME	PAQUETTE, MIKE	
STREET ADDRESS	100 THREE MILE RD	
CITY-ST-ZIP	HANOVER NH 03755	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BEAULIEU, DENNIS P	
STREET ADDRESS	61 BARNARD HILL RD	
CITY-ST-ZIP	DUNBARTON NH 03045-4602	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, REID T	
STREET ADDRESS	80 SOUTH MAIN ST	
CITY-ST-ZIP	HANOVER NH 03755	
TITLE	D	<input type="checkbox"/> Delete
NAME	OBERTING, KERNAN V	
STREET ADDRESS	80 SOUTH MAIN ST	
CITY-ST-ZIP	HANOVER NH 03755	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morgan Wesley Davis	
STREET ADDRESS	80 South Main Street	
CITY-ST-ZIP	Hanover, NH 03755	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Caroline Brown	
STREET ADDRESS	80 South Main Street	
CITY-ST-ZIP	Hanover, NH 03755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 #