

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION**  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Marjorie B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

55 MAY -1 AM 9:41

DOCUMENT # **807702** (6)  
1. Corporation Name  
**ELECTRIC MUTUAL LIABILITY INSURANCE COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **152 CONANT STREET BEVERLY MA 01915-0729**  
Mailing Address: **152 CONANT STREET BEVERLY MA 01915-0729**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1948**  
3a. Date of Last Report: **05/01/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>04-1282020</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
State, Apt. #, etc.	State, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under S 199.032 Florida Statute.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>23</b>	<b>28</b>		
Zip	Country	<b>24</b>	<b>25</b>
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**INSURANCE COMMISSIONER  
STATE OF FLORIDA  
CAPITOL BLDG.  
TALLAHASSEE FL 32304**

<b>B1</b> Name	
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>B3</b>	
<b>B4</b> City	<b>FL</b>
<b>B5</b> Zip Code	

11. Pursuant to the provisions of Sections 607.0305 and 607.1108, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDC ST. LAURENT, DAVID F. 1 VIRGINIA PLACE WENHAM MA</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE	<b>DV HAMILTON, CYNTHIA O 6 ACACIA ST CAMBRIDGE MA</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	<b>DV STROINSKI, CRAIG A. 3 DEER HAVEN ROAD BEVERLY MA</b>	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<b>V Shelly Corrine Collin Wolff</b>
STREET ADDRESS		6. STREET ADDRESS	<b>339 Oakwood Drive</b>
CITY, ST, ZIP		6. CITY, ST, ZIP	<b>Shoreview, MN</b>
TITLE	<b>VDT COHEN LAURENCE J. 16 PAT DR. DANVERS, MA 0</b>	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE	<b>DV CRASNICK, MICHAEL G. 55 STONEYMEADE WAY ACTON MA</b>	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	
STREET ADDRESS		10. STREET ADDRESS	
CITY, ST, ZIP		10. CITY, ST, ZIP	
TITLE	<b>S MCCARTHY, VIRGINIA A 24 OLOFSSON ST BRAINTREE MA</b>	11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		11. NAME	<b>SD Virginia A. McCarthy</b>
STREET ADDRESS		12. STREET ADDRESS	<b>24 Olofsson St.</b>
CITY, ST, ZIP		12. CITY, ST, ZIP	<b>Braintree, MA</b>

14. I do hereby certify that the information supplied with this filing is substantially true and correct for the exemption stated in Sections 131.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 officer or director authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Verla Murrain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (508) 524-5249  
Date Signature Number

867762

Continuation of Officers & Directors of Electric Mutual Liability Insurance  
Company as of December 31, 1994

- D Batchelder, Stephen N., 13 Cabot Drive, Nashua, NH
- D Dougherty, Dennis J., 45 Turtle Lane, N. Andover, MA
- D Renna, Angelo C., 23 Windward Drive, Newburyport, MA
- D/V Thompson, Elizabeth, M., 15 Cherry Road, North Hampton, NH