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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:14

DOCUMENT # **804753** (2)
1. Corporation Name
AMERICAN POLICYHOLDERS INSURANCE COMPANY

Principal Place of Business Mailing Address
QUANNAPOWITT PARKWAY WAKEFIELD MA 01880 **QUANNAPOWITT PARKWAY WAKEFIELD MA 01880**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/01/1937	3a. Date of Last Report 01/25/1994
4. FEI Number 04-1029440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MACGREGO, O'BRIEN SANDRA 31 SPLIT ROCK ROAD LYNN, A	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition O'Brien MacGregor, Sandra
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAH, GREGORY R. 33 BEVERLY AVE SALEM NH	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T D SPUNZO, RALPH 71 AGRICULTURAL AVENUE REHOBETH MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, JOHN 114 KRISTEN DR. CHELMSFORD MA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOOSA, WALTER E 30 PLEASANT STREET ANDOVER MA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, ROBERT 127 LOW ST. NEWBURYPORT MA	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMIEUX, EDWARD B 1 DREW CIRCLE CHELMSFORD MA	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra MacGregor* **Sandra MacGregor, O'Brien, Secretary** 1/11/95 (617)245-6000
Date (Month/Day/Year)



AMERICAN POLICYHOLDERS'
Insurance Company

QUANNAPOWITT PARKWAY
WAKEFIELD, MASSACHUSETTS 01880
TELEPHONE (617) 245-6000
FAX (617) 245-2748

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Edward Lemieux	Vice President & Director	1 Drew Circle Chelmsford, MA 01824
Robert Mc Kinney	Vice President & Director	127 Low Street Newburyport, MA 01950
Walter Moossa	Vice President & Director	30 Pleasant Street Andover, MA 01810
John A. Myers,	President & Director	114 Kristen Drive Chelmsford, MA 01824
Sandra MacGregor O'Brien	Secretary & Director	31 Split Rock Road Lynn, MA 01904
William Rooney	Assistant Vice President	229 Pearl Street Reading, MA 01867
Ralph A. Spunzo	Treasurer & Director	71 Agricultural Avenue Rehobeth, MA 02769

BUSINESS ADDRESS FOR THE ABOVE OFFICERS AND DIRECTORS:

QUANNAPOWITT PARKWAY
WAKEFIELD, MA 01880