

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 804753 (2)

1. Corporation Name

AMERICAN POLICYHOLDERS INSURANCE COMPANY



Principal Place of Business

QUANNAPOWITT PARKWAY
WAKEFIELD MA 01880

Mailing Address

QUANNAPOWITT PARKWAY
WAKEFIELD MA 01880

3. Date Incorporated or Qualified

06/01/1937

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

21 11 North Avenue

Suite, Apt. #, etc.

22 P.O. Box 1620

City & State

23 Burlington, MA

Zip Country

24 01803-0920 Middlesex

2a. Mailing Address

26 11 North Avenue

Suite, Apt. #, etc.

27 P.O. Box 1620

City & State

28 Burlington, MA

Zip Country

29 01803-0920 30 Middlesex

4. FEI Number

04-1029440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent or director, as applicable)

(Typed or printed name of registered agent or director, as applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME OBRIEN MACGREGOR, SANDRA
STREET ADDRESS 31 SPLIT ROCK ROAD
CITY-STATE-ZIP LYNN, A ☐ DELETE

TITLE TD
NAME SPUNZO, RALPH
STREET ADDRESS 71 AGRICULTURAL AVENUE
CITY-STATE-ZIP REHOBETH MA ☐ DELETE

TITLE PD
NAME MYERS, JOHN
STREET ADDRESS 114 KRISTEN DR.
CITY-STATE-ZIP CHELMSFORD MA ☐ DELETE

TITLE V
NAME MOOSA, WALTER E
STREET ADDRESS 30 PLEASANT STREET
CITY-STATE-ZIP ANDOVER MA ☐ DELETE

TITLE D
NAME MCKINNEY, ROBERT
STREET ADDRESS 127 LOW ST.
CITY-STATE-ZIP NEWBURYPORT MA ☐ DELETE

TITLE D
NAME LEMIEUX, EDWARD B
STREET ADDRESS 1 DREW CIRCLE
CITY-STATE-ZIP CHELMSFORD MA ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

75 BOW RIDGE ROAD

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (617) 221-1600

Even

Anytime Florida

CR2E034 (12/95)