

**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 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

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 607.0602 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	OBRIEN MACGREGOR, SANDRA	
STREET ADDRESS	31 SPLIT ROCK ROAD	
CITY-ST-ZIP	LYNN, A	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPUNZO, RALPH	
STREET ADDRESS	71 AGRICULTURAL AVENUE	
CITY-ST-ZIP	REHOBETH MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MYERS, JOHN	
STREET ADDRESS	114 KRISTEN DR.	
CITY-ST-ZIP	CHELMSFORD MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOOSA, WALTER E	
STREET ADDRESS	30 PLEASANT STREET	
CITY-ST-ZIP	ANDOVER MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKINNEY, ROBERT	
STREET ADDRESS	127 LOW ST.	
CITY-ST-ZIP	NEWBURYPORT MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEMIEUX, EDWARD B	
STREET ADDRESS	1 DREW CIRCLE	
CITY-ST-ZIP	CHELMSFORD MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>75 BOW RIDGE ROAD</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (617) 221-1600  
Date Time Telephone Number

CR2E034 (12/95)