

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 10 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 804753 (2)**  
 1. Corporation Name  
**AMERICAN POLICYHOLDERS INSURANCE COMPANY**



Principal Place of Business <b>11 NORTH AVE. P.O. BOX 1620 BURLINGTON MA 01803-0920 US</b>	Mailing Address <b>11 NORTH AVE. P.O. BOX 1620 BURLINGTON MA 01803-0920 US</b>
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3. Date Incorporated or Qualified <b>06/01/1937</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>04-1029440</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>OBRIEN MACGREGOR, SANDRA</b>	
STREET ADDRESS	<b>75 BOW RIDGE ROAD</b>	
CITY-ST-ZIP	<b>LYNN, A</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SPUNZO, RALPH</b>	
STREET ADDRESS	<b>71 AGRICULTURAL AVENUE</b>	
CITY-ST-ZIP	<b>REHOBETH MA</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MYERS, JOHN</b>	
STREET ADDRESS	<b>114 KRISTEN DR.</b>	
CITY-ST-ZIP	<b>CHELMSFORD MA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MOOSA, WALTER E</b>	
STREET ADDRESS	<b>30 PLEASANT STREET</b>	
CITY-ST-ZIP	<b>ANDOVER MA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCKINNEY, ROBERT</b>	
STREET ADDRESS	<b>127 LOW ST.</b>	
CITY-ST-ZIP	<b>NEWBURYPORT MA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEMIEUX, EDWARD B</b>	
STREET ADDRESS	<b>1 DREW CIRCLE</b>	
CITY-ST-ZIP	<b>CHELMSFORD MA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 O'Brien* **1/13/97**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Sandra Macgregor O'Brien, Secretary** 0000891

CR2E034 (9/96)