FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:00

DOCUMENT # **804935** **(5)**

1. Corporation Name

MERRIMACK MUTUAL FIRE INSURANCE COMPANY

Principal Place of Business	Mailing Address
95 OLD RIVER ROAD ANDOVER MA 01810	95 OLD RIVER ROAD ANDOVER MA 01810

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1938
3a. Date of Last Report: 05/27/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 04-1614490 ☐ 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

INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32301

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	WALLIS, C EDWARD	12 NAME	
STREET ADDRESS	10 MT. LAURELS #303	13 STREET ADDRESS	
CITY-ST-ZIP	NASHUA NH	14 CITY-ST-ZIP	
TITLE	VDS	21 TITLE	☐ Change ☐ Addition
NAME	BRAWN, MALCOLM W	22 NAME	
STREET ADDRESS	161 RALEIGH TAVERN LANE	23 STREET ADDRESS	
CITY-ST-ZIP	N ANDOVER, MA 00000	24 CITY-ST-ZIP	
TITLE	PDT	31 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, WILLIAM E	32 NAME	
STREET ADDRESS	71 BONNY LANE	33 STREET ADDRESS	
CITY-ST-ZIP	N ANDOVER, MA 00000	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	STOCKHAM, EDWARD F	42 NAME	
STREET ADDRESS	162 FARRWOOD DR	43 STREET ADDRESS	
CITY-ST-ZIP	BRADFORD, MA 00000	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	BISHOP, RUSSELL P	52 NAME	
STREET ADDRESS	7 BOWDOIN RD	53 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER, MA 00000	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	VOSE, DONALD F.	62 NAME	
STREET ADDRESS	44 SHEFFIELD ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	BOXFORD MA	64 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)(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 added to the report.

SIGNATURE: C. Edward Wallis C. Edward Wallis
Vice President SIGNATURE OF NAME OF OFFICER OR DIRECTOR

2/10/95 (508) 475-3300
DATE Daytime Phone #

0473416 FP