

**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 # 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**

3. Date Incorporated or Qualified

**08/05/1938**

3a. Date of Last Report

**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
STATE CAPITOL  
TALLAHASSEE FL 32301**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change: ☐ Addition

NAME **V**  
**WALLIS, C EDWARD**  
STREET ADDRESS **10 MT. LAURELS #303**  
CITY-ST-ZIP **NASHUA NH**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change: ☐ Addition

NAME **VDS**  
**BRAWN, MALCOLM W**  
STREET ADDRESS **161 RALEIGH TAVERN LANE**  
CITY-ST-ZIP **N ANDOVER, MA 00000**

2.2 NAME  
2.3 STREET ADDRESS **203 Brookside Drive**  
2.4 CITY-ST-ZIP **Andover, MA 01810**

TITLE ☐ DELETE

3.1 TITLE ☐ Change: ☐ Addition

NAME **PDT**  
**NICHOLS, WILLIAM E**  
STREET ADDRESS **71 BONNY LANE**  
CITY-ST-ZIP **N ANDOVER, MA 00000**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change: ☐ Addition

NAME **V**  
**STOCKHAM, EDWARD F**  
STREET ADDRESS **162 FARRWOOD DR**  
CITY-ST-ZIP **BRADFORD, MA 00000**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change: ☐ Addition

NAME **V**  
**BISHOP, RUSSELL P**  
STREET ADDRESS **7 BOWDOIN RD**  
CITY-ST-ZIP **ANDOVER, MA 00000**

5.2 NAME  
5.3 STREET ADDRESS **7 Weyland Circle Foxwood Circle**  
5.4 CITY-ST-ZIP **No. Andover, MA 01845**

TITLE ☐ DELETE

6.1 TITLE ☐ Change: ☐ Addition

NAME **V**  
**VOSE, DONALD F.**  
STREET ADDRESS **44 SHEFFIELD ROAD**  
CITY-ST-ZIP **BOXFORD MA**

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.

**C. Edward Wallis**

**Vice President**

**4/24/96**

**(508) 475-3300**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)