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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
95 OLD RIVER ROAD
ANDOVER MA 01810

Mailing Address
95 OLD RIVER ROAD
ANDOVER MA 01810-1000



3. Date Incorporated or Qualified 08/05/1938
3a. Date of Last Report 05/01/1996

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

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

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	WALLIS, C EDWARD	
STREET ADDRESS	10 MT. LAURELS #303	
CITY - ST - ZIP	NASHUA NH	
TITLE	VDS	DELETE
NAME	BRAWN, MALCOLM W	
STREET ADDRESS	203 BROOKSIDE DRIVE	
CITY - ST - ZIP	ANDOVER MA	
TITLE	PDT	DELETE
NAME	NICHOLS, WILLIAM E	
STREET ADDRESS	71 BONNY LANE	
CITY - ST - ZIP	N ANDOVER, MA 00000	
TITLE	V	DELETE
NAME	STOCKHAM, EDWARD F	
STREET ADDRESS	162 FARRWOOD DR	
CITY - ST - ZIP	BRADFORD, MA 00000	
TITLE	V	DELETE
NAME	BISHOP, RUSSELL P	
STREET ADDRESS	7 WEYLAND CIRCLE FOXWOOD CIRCLE	
CITY - ST - ZIP	NO ANDOVER MA	
TITLE	V	DELETE
NAME	VOSE, DONALD F.	
STREET ADDRESS	44 SHEFFIELD ROAD	
CITY - ST - ZIP	BOXFORD MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME	Director	
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: C. Edward Wallis 2/7/97 (508) 475-3300
Vice President PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)