

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 08/05/1938	
				4. FEI Number 04-1614490	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 85 Zip Code	
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLIS, C EDWARD	1.2 NAME	
STREET ADDRESS	10 MT. LAURELS #303	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHUA NH	1.4 CITY-ST-ZIP	
TITLE	VDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAWN, MALCOLM W	2.2 NAME	
STREET ADDRESS	203 BROOKSIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	2.4 CITY-ST-ZIP	
TITLE	POT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, WILLIAM E	3.2 NAME	
STREET ADDRESS	71 BONNY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N ANDOVER, MA 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKHAM, EDWARD F	4.2 NAME	
STREET ADDRESS	162 FARRWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADFORD, MA 00000	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, RUSSELL P	5.2 NAME	
STREET ADDRESS	7 WEYLAND CIRCLE FOXWOOD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO ANDOVER MA	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSE, DONALD F.	6.2 NAME	
STREET ADDRESS	44 SHEFFIELD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOXFORD MA	6.4 CITY-ST-ZIP	

14. I 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/98

Date

(978) 475-3300

Daytime Phone # 0000887

CR2E034 (10/97)