

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 804935

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
STATE CAPITOL  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1938

4. FEI Number

04-1614490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 DV ☐ 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

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

*C. Edward Wallis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Edward Wallis Vice President

4/13/99

(978)475-3300

Date

Daytime Phone #

CR2E034 (11/98)

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

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