

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 804935

1. Entity Name

MERRIMACK MUTUAL FIRE INSURANCE COMPANY

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90076 025 ***150.00

Principal Place of Business

95 OLD RIVER ROAD
ANDOVER MA 01810

Mailing Address

95 OLD RIVER ROAD
ANDOVER MA 01810-1000

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 04-1614490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	26 Bartletts Reach
CITY-ST-ZIP	Amesbury MA 01913
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Edward Wallis (Vice-President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00 (978) 475-3300

Date

Daytime Phone #