

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808592

FILED
Jan 09, 2008
Secretary of State

Entity Name: AFFILIATED F M INSURANCE COMPANY

Current Principal Place of Business:

1301 ATWOOD AVE.
JOHNSTON, RI 02919

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7500
JOHNSTON, RI 02919 US

New Mailing Address:

FEI Number: 05-0254496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: MEKRUT, WILLIAM A.,
Address: 4 FAIR OAK DRIVE
City-St-Zip: LINCOLN, RI

Title: VS () Delete
Name: POMEROY, JOHN J.
Address: 190 PHEASANT RUN
City-St-Zip: SAUNDERSTOWN, RI 02874

Title: PD () Delete
Name: SUBRAMANIAM, SHIVAN, S.
Address: 155 GROTTA AVE.
City-St-Zip: PROVIDENCE, RI 02906

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change () Addition
Name: MEKRUT, WILLIAM A
Address: 4 FAIR OAK DRIVE
City-St-Zip: LINCOLN, RI

Title: VS (X) Change () Addition
Name: POMEROY, JOHN J
Address: 190 PHEASANT RUN
City-St-Zip: SAUNDERSTOWN, RI 02874

Title: P (X) Change () Addition
Name: SUBRAMANIAM, SHIVAN S
Address: 155 GROTTA AVE.
City-St-Zip: PROVIDENCE, RI 02906

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. POMEROY/JOAN A. PELINO

VS

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date