

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

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 808644 (9)**  
 1. Corporation Name  
**CAMBRIDGE MUTUAL FIRE INSURANCE COMPANY**



Principal Place of Business <b>95 OLD RIVER RD ANDOVER MA 01810</b>	Mailing Address <b>95 OLD RIVER RD ANDOVER MA 01810</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/13/1951</b>	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number <b>04-1144900</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		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 <b>INSURANCE COMMISSIONER OF FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32304</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLIS, C. EDWARD</b>	1.2 NAME	
STREET ADDRESS	<b>10 MOUNTAIN LAURELS #303</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHUA NH 03062</b>	1.4 CITY-ST-ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAWN, MALCOLM W</b>	2.2 NAME	
STREET ADDRESS	<b>203 BROOKSIDE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA 01810</b>	2.4 CITY-ST-ZIP	
TITLE	PDT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLS, WILLIAM E</b>	3.2 NAME	
STREET ADDRESS	<b>71 BONNY LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. ANDOVER MA 01845</b>	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOKHAM, EDWARD F</b>	4.2 NAME	
STREET ADDRESS	<b>120 GALE AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAVERHILL MA 01830</b>	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISHOP, RUSSELL P</b>	5.2 NAME	
STREET ADDRESS	<b>7 WAYLAND DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. ANDOVER MA 01845</b>	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOSE, DONALD</b>	6.2 NAME	
STREET ADDRESS	<b>44 SHEFFIELD RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOXFORD MA 01921</b>	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** *C. Edward Wallis* 3/18/98 (978) 475-3300

CRZE034 (10/97)