


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

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

04-21-1999 90124 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 808644**

1. Corporation Name  
**CAMBRIDGE MUTUAL FIRE INSURANCE COMPANY**

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 08/13/1951	
4. FEI Number 04-1144900	Applied For Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	WALLIS, C. EDWARD	
STREET ADDRESS	10 MOUNTAIN LAURELS #303	
CITY-ST-ZIP	NASHUA NH 03062	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	BRAWN, MALCOLM W	
STREET ADDRESS	203 BROOKSIDE DR.	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	NICHOLS, WILLIAM E	
STREET ADDRESS	71 BONNY LANE	
CITY-ST-ZIP	N. ANDOVER MA 01845	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STOKHAM, EDWARD F	
STREET ADDRESS	120 GALE AVE	
CITY-ST-ZIP	HAVERHILL MA 01830	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BISHOP, RUSSELL P	
STREET ADDRESS	7 WAYLAND DR	
CITY-ST-ZIP	N. ANDOVER MA 01845	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VOSE, DONALD	
STREET ADDRESS	44 SHEFFIELD RD	
CITY-ST-ZIP	BOXFORD MA 01921	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 (978)475-3300

Date Daytime Phone #

C. Edward Wallis Vice President

CR2E034 (1/98)