

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-15-2000 90059 011 \*\*\*150.00

**DOCUMENT # 808644**

1. Entity Name

**CAMBRIDGE MUTUAL FIRE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

95 OLD RIVER RD  
 ANDOVER MA 01810

95 OLD RIVER RD  
 ANDOVER MA 01810-1000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-1144900**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| 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         |                                 |

|                |                    |   |
|----------------|--------------------|---|
| 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 | 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*  
**C. Edward Wallis Vice President**

3/8/00 (978) 475-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 19/99