

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90015 023 \*\*\*150.00

**DOCUMENT # 808644**  
 1. Entity Name  
**CAMBRIDGE MUTUAL FIRE INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**95 OLD RIVER RD. 95 OLD RIVER RD**  
**ANDOVER MA 01810 ANDOVER MA 01810**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>04-1144900</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>INSURANCE COMMISSIONER OF FLORIDA</b> <b>CAPITOL BUILDING</b> <b>TALLAHASSEE FL 32304</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALLIS, C. EDWARD			NAME			
STREET ADDRESS	10 MOUNTAIN LAURELS #303			STREET ADDRESS			
CITY-ST-ZIP	NASHUA NH 03062			CITY-ST-ZIP			
TITLE	VDS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAWN, MALCOLM W			NAME			
STREET ADDRESS	17 HAWK HILL LANE			STREET ADDRESS			
CITY-ST-ZIP	IPSWICH MA 01938			CITY-ST-ZIP			
TITLE	PDT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICHOLS, WILLIAM E			NAME			
STREET ADDRESS	71 BONNY LANE			STREET ADDRESS			
CITY-ST-ZIP	N. ANDOVER MA 01845			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOKHAM, EDWARD F			NAME			
STREET ADDRESS	120 GALE AVE			STREET ADDRESS			
CITY-ST-ZIP	HAVERHILL MA 01830			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOBER, ALAN R			NAME			
STREET ADDRESS	254 DANIELS ST			STREET ADDRESS			
CITY-ST-ZIP	FRANKLIN MA 02038			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOSE, DONALD			NAME			
STREET ADDRESS	44 SHEFFIELD RD			STREET ADDRESS			
CITY-ST-ZIP	BOXFORD MA 01921			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* 4/22/02 (978) 475-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)