FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **809821** **(2)**

1. Corporation Name
HOLYOKE MUTUAL INSURANCE COMPANY IN SALEM

Principal Place of Business	Mailing Address
C/O JEAN E. DENNIS, SECRETARY P.O. BOX 2006 HOLYOKE SQUARE SALEM MA 01970-6506	C/O JEAN E. DENNIS, SECRETARY P.O. BOX 2006 HOLYOKE SQUARE SALEM MA 01970-6506

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/19/1954**
3a. Date of Last Report: **03/30/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **04-1448835** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RYDER, DOUGLAS C.	1.2 NAME	
STREET ADDRESS	HOLYOKE SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM MA	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	TROMBLEY, DANIEL J.	2.2 NAME	
STREET ADDRESS	HOLYOKE SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM MA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JAMES R	3.2 NAME	
STREET ADDRESS	HOLYOKE SQUARE	3.3 STREET ADDRESS	Please see attached complete list
CITY-ST-ZIP	SALEM MA	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	☐ Change ☐ Addition
NAME	DENNIS,JEAN E.	4.2 NAME	
STREET ADDRESS	HOLYOKE SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM MA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	BALSER, DONALD S	5.2 NAME	
STREET ADDRESS	HOLYOKE SQUARE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM MA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	OLIPHANT, DAVID E	6.2 NAME	
STREET ADDRESS	HOLYOKE SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM MA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jean E. Dennis — Jean E. Dennis — April 14, 1995 — (508) 740-2205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483478 FN

809821

Holyoke Mutual Insurance Company in Salem
Holyoke Square, P.O. Box 2006, Salem, MA 01970-6506 Tel. (508)744-6123 Fax (508)744-0313

February 1, 1995

Directors:

James B. Shatswell
Stephen L. Jones
Richard F. Gross
Douglas C. Ryder
Alice B. Griffin
Caleb Loring III
John F. Donovan
Richard B. Walker
Daniel J. Trombley
Bruce W. Steinhauer

Officers:

Douglas C. Ryder, CPCU, President and Chief Executive Officer
Daniel J. Trombley, Vice President and Treasurer
Jean E. Dennis, Vice President and Secretary
James R. Graham, CPCU, Vice President
Donald S. Balser, Vice President
David E. Oliphant, CPCU, Vice President
M. Eileen Gil, CPCU, Vice President
Janet S. Leary, Vice President
Margaret J. Batchelder, CPCU, Assistant Vice President
Mark W. Lynch, Assistant Treasurer
Kevin R. McTaggart, Assistant Secretary
Nicholas J. Feitz, Jr., CPCU, Assistant Secretary
Carol A. Lang, Assistant Secretary
Robert J. Muetterties, Assistant Secretary
Elaine F. LaPointe, Assistant Secretary

All of the above may be contacted at the following address:

Holyoke Mutual Insurance Company in Salem
P. O. Box 2006
Holyoke Square
Salem, MA 01970-6506