

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

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

04-21-1999 90124 038 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 811116**

1. Corporation Name  
**BAY STATE 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 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**06/25/1956**  
 4. FEI Number Applied For  
**04-2200004** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
 CAPITOL BLDG  
 TALLAHASSEE FL 32399-0300**

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

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | VD                       | <input type="checkbox"/> DELETE |
| NAME           | WALLIS, C. EDWARD        |                                 |
| STREET ADDRESS | 10 MOUNTAIN LAURELS #303 |                                 |
| CITY-ST-ZIP    | NASHUA NH 03062          |                                 |
| TITLE          | VSD                      | <input type="checkbox"/> DELETE |
| NAME           | BRAWN, MALCOLM W         |                                 |
| STREET ADDRESS | 203 BROOKSIDE DR         |                                 |
| CITY-ST-ZIP    | ANDOVER MA 01810         |                                 |
| TITLE          | PTD                      | <input type="checkbox"/> DELETE |
| NAME           | NICHOLS, WILLIAM E       |                                 |
| STREET ADDRESS | 71 BONNY DR              |                                 |
| CITY-ST-ZIP    | ANDOVER MA 01845         |                                 |
| TITLE          | VD                       | <input type="checkbox"/> DELETE |
| NAME           | STOKHAM, EDWARD F        |                                 |
| STREET ADDRESS | 120 GALE AVE             |                                 |
| CITY-ST-ZIP    | HAVERHILL MA 01830       |                                 |
| TITLE          | VD                       | <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 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)