

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90057 029 ***150.00

DOCUMENT # 811116
 1. Entity Name
BAY STATE 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-2200004	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ 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: <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001: Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. 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 checked="" type="checkbox"/> Delete
NAME	BISHOP, RUSSELL P	
STREET ADDRESS	26 BARTLETTS BEACH	
CITY-ST-ZIP	AMESBURY MA 01913	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VOSE, DONALD	
STREET ADDRESS	44 SHEFFIELD RD	
CITY-ST-ZIP	BOXFORD MA 01921	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17 Hawk Hill Lane	
CITY-ST-ZIP	Ipswich MA 01948	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Ransford Kober	
STREET ADDRESS	254 Daniels St	
CITY-ST-ZIP	Franklin MA 02038	
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)(l), 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 3/20/01 (978) 475-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)