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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:53

DOCUMENT # **821734** **(1)**

1. Corporation Name

ALLENDALE MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
ALLENDALE PARK P.O.BOX 7500 JOHNSTON RI 02919	ALLENDALE PARK P.O.BOX 7500 JOHNSTON RI 02919

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/14/1968
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 05-0316605 ☐ 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

HUNT, JOHN E., JR
325 KNOX ROAD
BLDG. G, SUITE 101
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 325 John Knox Road (Correction)
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 date of acceptance (NOTE: Registered Agent signature required when restituted)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	SUBRAMANIAM, SHIVAN S.	12 NAME	
STREET ADDRESS	14 ROSE COURT	13 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	XX Change ☐ Addition
NAME	JOHNSON, DAVID	22 NAME	VS Pomeroy, John J.
STREET ADDRESS	32 NEW MEADOW RD	23 STREET ADDRESS	179 Pinecrest Drive
CITY-ST-ZIP	BARRINGTON, RI 00000	24 CITY-ST-ZIP	No. Kingston, RI 02852
TITLE	AVP	31 TITLE	☐ Change ☐ Addition
NAME	PROULX,NORMAN	32 NAME	
STREET ADDRESS	78 LEE CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	PASCOAG RI	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ADJORJAN, JULIUS J.	42 NAME	
STREET ADDRESS	165 SOUTH MAPLES	43 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER GROVES MO	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	MEKRUT, WILLIAM A.	52 NAME	
STREET ADDRESS	4 FAIR OAKS DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN RI	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D XX Change ☐ Addition
NAME	DOLAN, BEVERLY	62 NAME	Carey, John J.
STREET ADDRESS	24 CEDAR AVE	63 STREET ADDRESS	12166 Wateroak Drive
CITY-ST-ZIP	BARRINGTON, RI 00000	64 CITY-ST-ZIP	Estero, FL 33928

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 added on an attachment with an address.

SIGNATURE: _____ 3/20/95 401-275-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James M. Mendos, Assistant Treasurer

Factory Mutual System

821734

Allendale Insurance

Allendale Mutual Insurance Company
Allendale Park, P.O. Box 7500
Johnston, Rhode Island 02919
Tel. (401) 275-3000
FAX (401) 275-3029

March 20, 1995

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, FL 32302-1500

Gentlemen/Ladies:

Enclosed is our Florida Corporation Annual Report, Document #821734, and a check in the amount of $200.00 as payment of the associated filing fee.

Sincerely,

Yvette D. Martin

Yvette D. Martin
Tax Accountant

Enclosures