

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 17 1997 8:00am  
Secretary of State

DOCUMENT # **821734** (1)

1. Corporation Name  
**ALLEDALE MUTUAL INSURANCE COMPANY**



Principal Place of Business: **ALLEDALE PARK  
P.O. BOX 7500  
JOHNSTON RI 02919**

Mailing Address: **ALLEDALE PARK  
P.O. BOX 7500  
JOHNSTON RI 02919-0750**

3. Date Incorporated or Qualified: **08/14/1968**

3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

4. FEI Number: **05-0316605**

Applied For: ☐ Not Applicable

Suite, Apt. #, etc.: **22**

Suite, Apt. #, etc.: **27**

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

City & State: **23**

City & State: **28**

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

Zip: **24**

Country: **25**

Zip: **29**

Country: **30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SUBRAMANIAM, SHIVAN S.			1.2 NAME			
STREET ADDRESS	14 ROSE COURT			1.3 STREET ADDRESS			
CITY - ST - ZIP	PROVIDENCE RI			1.4 CITY - ST - ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	POMEROY, JOHN J.			2.2 NAME			
STREET ADDRESS	179 PINECREST DRIVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	NO. KINGSTON RI			2.4 CITY - ST - ZIP			
TITLE	AVP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PROULX, NORMAN			3.2 NAME			
STREET ADDRESS	78 LEE CIRCLE			3.3 STREET ADDRESS			
CITY - ST - ZIP	PASCOAG RI			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ADJORJAN, JULIUS J.			4.2 NAME			
STREET ADDRESS	165 SOUTH MAPLES			4.3 STREET ADDRESS			
CITY - ST - ZIP	WEBSTER GROVES MO			4.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MEKRUT, WILLIAM A.			5.2 NAME			
STREET ADDRESS	4 FAIR OAKS DRIVE			5.3 STREET ADDRESS			
CITY - ST - ZIP	LINCOLN RI			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAREY, JOHN J.			6.2 NAME			
STREET ADDRESS	12166 WATEROAK DRIVE			6.3 STREET ADDRESS			
CITY - ST - ZIP	ESTERO FL			6.4 CITY - ST - ZIP			

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**John J. Pomeroy**

January 9, 1997 (401) 275-3000

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
0001138

CR2E034 (9/96)