

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821734

1. Entity Name

FACTORY MUTUAL INSURANCE COMPANY

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90108 005 ***150.00

Principal Place of Business

Mailing Address

ALLEDALE PARK
P.O. BOX 7500
JOHNSTON RI 02919

ALLEDALE PARK
P.O. BOX 7500
JOHNSTON RI 02919-0750

00033743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1301 Atwood Avenue

P.O. Box 7500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Johnston, RI

Johnston, RI

4. FEI Number

05-0316605

Applied For

Not Applicable

Zip

Country

Zip

Country

02919

USA

02919

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SUBRAMANIAM, SHIVAN S.	
STREET ADDRESS	14 ROSE COURT	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	VS	<input type="checkbox"/> Delete
NAME	POMEROY, JOHN J.	
STREET ADDRESS	179 PINECREST DRIVE	
CITY-ST-ZIP	NO. KINGSTON RI	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	PROULX, NORMAN	
STREET ADDRESS	1322 NARRAGANSETT BLVD	
CITY-ST-ZIP	CRANSTON RI 02905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADORJAN, J J	
STREET ADDRESS	200 S MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO FL 60604	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MEKRUT, WILLIAM A	
STREET ADDRESS	4 FAIR OAKS DR	
CITY-ST-ZIP	LINCOLN RI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAREY, JOHN J.	
STREET ADDRESS	12166 WATEROAK DRIVE	
CITY-ST-ZIP	ESTERO FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

(401) 275-3000

Daytime Phone #

CR2E034 (9/99)

821734
D0033745

**FACTORY MUTUAL INSURANCE COMPANY
AFFILIATED FM INSURANCE COMPANY
BOARD OF DIRECTORS**

Clive V. Allen
14 Pine Hill Road
Toronto, Ontario
Canada M4W 1P6

William A. Aylesworth
P.O. Box 660199
Mail Station 8658
Dallas, TX 75266-0199

James W. Black
Vice Chairman &
Chief Operating Officer
Factory Mutual Insurance Co.

John W. Donehower
4408 Lakeside Drive
Colleyville, TX 76034

Walter J. Galvin
9945 Old Chatham Road
Ladue, MO 63124

Robert J. Gillespie
333 Godwin Avenue
Ridgewood, NJ 07450

George J. Harad
3675 West Quail Hts. Court
Boise, ID 83703

Alfred D. Houston
25 Research Drive
Westboro, MA 01582

Mary L. Howell
4605 Rock Spring Road
Arlington, VA 22207

Gary J. Lukassen
3230 Sir Johns Homestead
Mississauga, Ontario L5L 2P1

John A. Luke, Jr.
81 Canoe Hill Road
New Canaan, CT 06840

Ronald C. Morrison
65 Sutton Point
Pittsford, NY 14534

Robert J. O'Toole
2401 Cedar Lane
River Hills, WI 53217

James W. Owens
11709 N. Strathmore Court
Dunlap, IL 61525

Alan E. Riedel
803 Creekwood Way
Houston, TX 77024

Michael B. Savitske
710 Riverside Court
South Bend, IN 46616

William C. Stivers
32325 40th Place S.W.
Federal Way, WA 98023

Elisabeth Struckell
5108 Oak Shadow Court
Dallas, TX 75287

Shivan S. Subramaniam
14 Rose Court
Providence, RI 02906

Sandra K. Woods
80 Comstock
Castle Rock, CO 80104

9/99