FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **854867** **(9)**

1. Corporation Name

LUMBER MUTUAL INSURANCE COMPANY

Principal Place of Business

ONE SPEEN ST
P.O.BOX 9165
FRAMINGHAM MA 01701-6165

Mailing Address

ONE SPEEN ST
P.O.BOX 9165
FRAMINGHAM MA 01701-6165

3. Date Incorporated or Qualified: **12/06/1982**	3a. Date of Last Report: **04/04/1995**
4. FEI Number: **04-1560700**	☐ 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	

2. Principal Place of Business
21
22 Street Address
23 City & State
24 Zip
25 County

2a. Mailing Address
26
27 Street Address
28 City & State
29 Zip
30 County

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

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

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	P	☐ Change ☒ Addition
NAME	BRIGGS, STANLEY A		John R. WINTermute	
STREET ADDRESS	ONE SPEEN ST		One Speen St	
CITY-ST-ZIP	FRAMINGHAM, MA 00000		Framingham, MA 01701	
TITLE	V	☐ DELETE	V	☐ Change ☒ Addition
NAME	CHAVES, JOSE A		Thomas A. Gyseek	
STREET ADDRESS	ONE SPEEN ST		One Speen St	
CITY-ST-ZIP	FRAMINGHAN. MA 00000		Framingham, MA 01701	
TITLE	V	☒ DELETE	V	☐ Change ☒ Addition
NAME	HWILKA, JOHN		James H. Valentine	
STREET ADDRESS	ONE SPEEN ST		One Speen St	
CITY-ST-ZIP	FRAMINGHAM, MA 00000		Framingham, MA 01701	
TITLE	V	☒ DELETE		☐ Change ☐ Addition
NAME	HATHAWAY, ROGER B.			
STREET ADDRESS	ONE SPEEN ST			
CITY-ST-ZIP	FRAMINGHAN, MA 00000			
TITLE	D	☒ DELETE		☐ Change ☐ Addition
NAME	HOLMES, JACK E			
STREET ADDRESS	ONE SPEEN ST			
CITY-ST-ZIP	FRAMINGHAN, MA 00000			
TITLE	VTS	☐ DELETE		☐ Change ☐ Addition
NAME	SCARDINO, JAMES J.			
STREET ADDRESS	ONE SPEEN ST.			
CITY-ST-ZIP	FRAMINGHAN, MA 00000			

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, 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 above, or on an attachment with an address.

SIGNATURE: James J. Scardino 3-21-96 JAMES J. SCARDINO 508-872-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number