

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # 854867 (9)

1. Corporation Name
LUMBER MUTUAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

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

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P.O. BOX 9165
FRAMINGHAM MA 01701-6165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1982	3a. Date of Last Report 03/26/1996
4. FEI Number 04-1560700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME BRIGGS, STANLEY A
STREET ADDRESS ONE SPEEN ST
CITY-ST-ZIP FRAMINGHAM, MA 00000

TITLE V ☐ DELETE

NAME CHAVES, JOSE A
STREET ADDRESS ONE SPEEN ST
CITY-ST-ZIP FRAMINGHAM, MA 00000

TITLE P ☐ DELETE

NAME WINTERMUTE, JOHN R
STREET ADDRESS ONE SPEEN ST
CITY-ST-ZIP FRAMINGHAM, MA 00000 01701

TITLE V ☐ DELETE

NAME GYSCEK, THOMAS A
STREET ADDRESS ONE SPEEN ST
CITY-ST-ZIP FRAMINGHAM, MA 01701

TITLE V ☐ DELETE

NAME VALENTINE, JAMES H
STREET ADDRESS ONE SPEEN ST
CITY-ST-ZIP FRAMINGHAM MA 01701

TITLE VTS ☐ DELETE

NAME SCARDINO, JAMES J.
STREET ADDRESS ONE SPEEN ST.
CITY-ST-ZIP FRAMINGHAM, MA 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with an address.

SIGNATURE *James J. Scardino* JAMES J. SCARDINO 1/22/97 800-557-1117

CR2E034 (4/97)