

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854867

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

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 not of record)

(DATE)

12. OFFICERS AND DIRECTORS

[] DELETE

TITLE	V
NAME	CHAVES, JOSE A
STREET ADDRESS	ONE SPEEN ST
CITY-ST-ZIP	FRAMINGHAM, MA 00000
TITLE	P
NAME	WINTERMUTE, JOHN R
STREET ADDRESS	ONE SPEEN ST
CITY-ST-ZIP	FRAMINGHAM, MA 00000 01701
TITLE	V
NAME	GYSCHEK, THOMAS A
STREET ADDRESS	ONE SPEEN ST
CITY-ST-ZIP	FRAMINGHAM, MA 01701
TITLE	V
NAME	VALENTINE, JAMES H
STREET ADDRESS	ONE SPEEN ST
CITY-ST-ZIP	FRAMINGHAM MA 01701
TITLE	VTS
NAME	SCARDINO, JAMES J.
STREET ADDRESS	ONE SPEEN ST.
CITY-ST-ZIP	FRAMINGHAM, MA 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

[] Change [] Addition

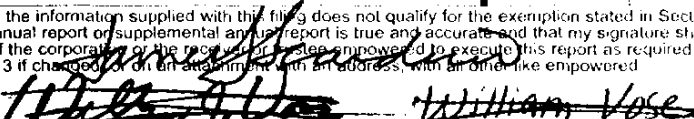
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 person or persons 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, with an office-like empowered

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

800-557-1117

Date

Daytime Phone #

0544354

CR2E034 (11/98)