

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003921

Entity Name: AP INSURANCE, INC.

FILED  
Feb 17, 2009  
Secretary of State

## Current Principal Place of Business:

31 MILK STREET  
BOSTON, MA 02109

## New Principal Place of Business:

31 MILK STREET  
710  
BOSTON, MA 02109

## Current Mailing Address:

31 MILK STREET  
BOSTON, MA 02109

## New Mailing Address:

31 MILK STREET  
710  
BOSTON, MA 02109

FEI Number: 20-0708459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ.  
1267 BERKSHIRE LANE  
SUITE 200  
TARPON SPRINGS, FL 34688 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: AP INSURANCE LLC,  
Address: 31 MILK STREET  
City-St-Zip: BOSTON, MA 02109

Title: P ( ) Delete  
Name: BLACK, WILLIAM A JR.  
Address: 14 HAYDEN CIRCLE  
City-St-Zip: SUDBURY, MA

Title: T ( ) Delete  
Name: BRACH, GARY  
Address: 134 DEDHAM STREET  
City-St-Zip: DOVER, MA 02030

Title: S ( ) Delete  
Name: HAUCK, STEVEN  
Address: 320 WESTERN AVE.  
City-St-Zip: SHERBORN, MA 01770

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. BLACK JR.

O

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date