

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90063 010 \*\*\*150.00

**DOCUMENT # 820958**

1. Entity Name  
**ELECTRIC INSURANCE COMPANY**



Principal Place of Business  
**75 SAM FONZO DRIVE  
 BEVERLY, MA 01915**

Mailing Address  
**75 SAM FONZO DRIVE  
 BEVERLY, MA 01915**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

02072006 Chg-P CR2E034 (11/05)



4. FEI Number  
**04-2422119**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent.

**CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and size if applicable. (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENBAUM, DAVID M 75 SAM FONZO DRIVE BEVERLY, MA 01915 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCC SCHUMAKER, JOHN L 75 SAM FONZO DRIVE BEVERLY, MA 01915 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PERRY, KIM A 75 SAM FONZO DRIVE BEVERLY, MA 01915 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD COHEN, LAURENCE J 75 SAM FONZO DRIVE BEVERLY, MA 01915 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCARTHY, VIRGINIA A 75 SAM FONZO DRIVE BEVERLY, MA 01915 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, LAURENCE J 75 SAM FONZO DRIVE BEVERLY, MA 01915 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D William D. Hartranft 75 Sam Fonzo Drive Beverly, MA 01915 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Virginia A. McCarthy 75 Sam Fonzo Drive Beverly, MA 01915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Listing of All Current Officers and Directors <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laurence J. Cohen Secretary 2/8/06 978-524-5249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT  
40029064

**ELECTRIC INSURANCE COMPANY**

**DOCUMENT # 820958**  
**FEI # 04-2422119**

**BOARD OF DIRECTORS**

LAURENCE J. COHEN, CHAIRMAN  
MICHAEL G. CRASNICK  
DAVID M. GREENBAUM  
WILLIAM D. HARTRANFT  
GERARD P. MCCARTHY  
MICHAEL J. MUCHER  
NICHOLAS L. SCHULSON

**OFFICERS**

LAURENCE J. COHEN  
MICHAEL G. CRASNICK  
JEFFREY A. FRAZEE  
DAVID M. GREENBAUM  
WILLIAM D. HARTRANFT  
MAUREEN A. HEGARTY  
GERARD P. MCCARTHY  
MICHAEL J. MUCHER  
DEAN L. MURRAY  
NICHOLAS L. SCHULSON  
JOHN L. SCHUMAKER  
VIRGINIA A. MCCARTHY  
KIM A. PERRY  
NINA S. CAPELES  
ELLEN S. ROBBINS

PRESIDENT & CHIEF EXECUTIVE OFFICER  
VICE PRESIDENT - COMMERCIAL LINES UNDERWRITING, CHIEF COMPLIANCE OFFICER AND CHIEF UNDERWRITING OFFICER  
VICE PRESIDENT - INFORMATION TECHNOLOGY, CHIEF INFORMATION OFFICER  
VICE PRESIDENT - GENERAL COUNSEL AND CHIEF LEGAL OFFICER  
VICE PRESIDENT - FINANCE & ADMINISTRATION; TREASURER AND CHIEF FINANCIAL OFFICER  
VICE PRESIDENT - PERSONAL LINES CLAIMS  
VICE PRESIDENT - PERSONAL LINES UNDERWRITING & PRICING  
VICE PRESIDENT - SALES  
VICE PRESIDENT - WORKERS' COMPENSATION  
VICE PRESIDENT - HUMAN RESOURCES AND CHIEF HUMAN RESOURCES OFFICER  
VICE PRESIDENT - CALL CENTER OPERATIONS  
ASSOCIATE GENERAL COUNSEL, SECRETARY AND CLERK  
ASSISTANT TREASURER  
ASSISTANT SECRETARY AND ASSISTANT CLERK  
ASSISTANT SECRETARY AND ASSISTANT CLERK

**THE CORPORATE ADDRESS OF ALL OFFICERS AND DIRECTORS IS:**

75 SAM FONZO DRIVE  
BEVERLY, MA 01915



## ATTACHMENT

40029064

Direct Dial: (978) 524-5556

Fax: (978) 236-5556

E-mail: [sgoins@electricinsurance.com](mailto:sgoins@electricinsurance.com)

February 16, 2006

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

**RE: 2006 For Profit Corporation Annual Report**

To Whom It May Concern:

Enclosed please find a completed 2006 Annual Report for Electric Insurance Company, document #820958. Check #1039854 in the amount of \$150.00 was sent to the division under separate cover on 2/10/06. If you are unable to match the check with this report, kindly let me know and I will have another check issued.

Thank you for your assistance.

A handwritten signature in cursive script that reads "Sharon Goins".

Sharon Goins  
Corporate Legal Assistant

/enclosure



ATTACHMENT

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

40029064

February 24, 2006

ELECTRIC INSURANCE COMPANY  
75 SAM FONZO DRIVE  
BEVERLY, MA 01915

Subject: **ELECTRIC INSURANCE COMPANY**

Reference Number: **820958**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION