

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820958

FILED
Mar 23, 2009
Secretary of State

Entity Name: ELECTRIC INSURANCE COMPANY

Current Principal Place of Business:

75 SAM FONZO DRIVE
BEVERLY, MA 01915

New Principal Place of Business:

Current Mailing Address:

75 SAM FONZO DRIVE
BEVERLY, MA 01915

New Mailing Address:

FEI Number: 04-2422119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: VDS () Delete
Name: GREENBAUM, DAVID M
Address: 75 SAM FONZO DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: PCD () Delete
Name: MEICHES, MARC A
Address: 75 SAM FONZO DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: V () Delete
Name: KOURY, KIMBERLY
Address: 75 SAM FONZO DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: T () Delete
Name: BUSSONE, MARIA S
Address: 75 SAM FONZO DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: AS () Delete
Name: WILSON, ERICA H
Address: 75 SAM FONZO DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: D () Delete
Name: MURRAY, DEAN L
Address: 75 SAM FONZO DRIVE
City-St-Zip: BEVERLY, MA 01915

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:

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

Title: V (X) Change () Addition
Name: MURRAY, DEAN L
Address: 75 SAM FONZO DRIVE
City-St-Zip: BEVERLY, MA 01915

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: SHARON GOINS

CL

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date