

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 820958 (7)

1. Corporation Name
ELECTRIC INSURANCE COMPANY



Principal Place of Business 152 CONANT ST. BEVERLY MA 01915-1692	Mailing Address 152 CONANT ST. BEVERLY MA 01915-1692
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 12/04/1967	3a. Date of Last Report 05/01/1995
4. FEI Number 04-2422119		Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA CAPITOL BLDG. TALLAHASSEE FL 32304	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. LAURENT, DAVID F.	1. 2 NAME	
STREET ADDRESS	1 VIRGINIA PLACE	1. 3 STREET ADDRESS	
CITY-ST-ZIP	WENHAM MA	1. 4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, VIRGINIA A.	2. 2 NAME	
STREET ADDRESS	24 OLOFSSON ST	2. 3 STREET ADDRESS	
CITY-ST-ZIP	BRAINTREE MA	2. 4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, WALTER P	3. 2 NAME	
STREET ADDRESS	17 SWAN POND RD	3. 3 STREET ADDRESS	
CITY-ST-ZIP	NO READING MA	3. 4 CITY-ST-ZIP	
TITLE	VDT <input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, LAURENCE J.	4. 2 NAME	
STREET ADDRESS	16 PAT DRIVE	4. 3 STREET ADDRESS	
CITY-ST-ZIP	DANVERS MA	4. 4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, STEPHEN E	5. 2 NAME	
STREET ADDRESS	6 BOWLEN AVE	5. 3 STREET ADDRESS	
CITY-ST-ZIP	NEWBURYPORT MA	5. 4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHERTY, DENNIS J.	6. 2 NAME	
STREET ADDRESS	45 TURTLE LANE	6. 3 STREET ADDRESS	
CITY-ST-ZIP	N. ANDOVER MA	6. 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *David St. Laurent* 4-16-96 (508) 524-5168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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Continuation of Officers & Directors of Electric Insurance Company

V/O Michael G. Crasnick
55 Stoneymeade Way
Acton, MA 01720

V/O Gerard P. McCarthy
231 Orchard Street
Belmont, MA

V/O Cynthia O. Hamilton
604 Walnut
Newton, MA 02160

V/O Alfred J. V. Stanley
6 Woodholm Circle
Manchester, MA 01944

V/O Steven B. Stronge
10 Bourbeau Terrace
Newburyport, MA

V/O Elizabeth M. Thompson
15 Cherry Road
North Hampton, NH 03862

Asst. T/O Paul F. Lynn
5 Harvard Road
Groveland, MA 01834

Asst. T/O Susan R. Drew
29 Country Hill Lane
Haverhill, MA

O = Officer