

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 820958 (7)**

1. Corporation Name  
**ELECTRIC INSURANCE COMPANY**



Principal Place of Business <b>152 CONANT ST. BEVERLY MA 01915-1692</b>	Mailing Address <b>152 CONANT ST. BEVERLY MA 01915-1692</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/04/1967</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>04-2422119</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER STATE OF FLORIDA CAPITOL BLDG. TALLAHASSEE FL 32304</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ST. LAURENT, DAVID F.</b>	1.2 NAME	<b>BENGSTON, SHEILA K.</b>
STREET ADDRESS	<b>1 VIRGINIA PLACE</b>	1.3 STREET ADDRESS	<b>15 MAIN ST., 15B</b>
CITY-ST-ZIP	<b>WENHAM MA</b>	1.4 CITY-ST-ZIP	<b>CHARLESTOWN, MA</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCARTHY, VIRGINIA A.</b>	2.2 NAME	<b>CRASNICK, MICHAEL G.</b>
STREET ADDRESS	<b>24 OLOFSSON ST</b>	2.3 STREET ADDRESS	<b>55 STONEYMEADE WAY</b>
CITY-ST-ZIP	<b>BRAINTREE MA</b>	2.4 CITY-ST-ZIP	<b>ACTON, MA</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FOLEY, WALTER P</b>	3.2 NAME	<b>MEKETA, CYNTHIA O.</b>
STREET ADDRESS	<b>17 SWAN POND RD</b>	3.3 STREET ADDRESS	<b>04 WALNUTE ST</b>
CITY-ST-ZIP	<b>NO READING MA</b>	3.4 CITY-ST-ZIP	<b>NEWTON, MA</b>
TITLE	<b>VDT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COHEN, LAURENCE J.</b>	4.2 NAME	<b>THOMPSON, ELIZABETH M.</b>
STREET ADDRESS	<b>16 PAT DRIVE</b>	4.3 STREET ADDRESS	<b>15 CHERRY RD</b>
CITY-ST-ZIP	<b>DANVERS MA</b>	4.4 CITY-ST-ZIP	<b>HAMPTON, NH</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RANDALL, STEPHEN E</b>	5.2 NAME	<b>MURRAY, DEAN L.</b>
STREET ADDRESS	<b>6 BOWLEN AVE</b>	5.3 STREET ADDRESS	<b>160 BUNKHALL ST., UNIT 607</b>
CITY-ST-ZIP	<b>NEWBURYPORT MA</b>	5.4 CITY-ST-ZIP	<b>WEYMOUTH, MA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOUGHERTY, DENNIS J.</b>	6.2 NAME	<b>MCCARTHY, GERARD P.</b>
STREET ADDRESS	<b>45 TURTLE LANE</b>	6.3 STREET ADDRESS	<b>231 ORCAHRD ST</b>
CITY-ST-ZIP	<b>N. ANDOVER MA</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0503, 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, or on an attachment with an address.

SIGNATURE *[Signature]* VICE PRESIDENT 4/24/98 978-524-5372

CR2E034 (10/97)