

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

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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90071 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 820958

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/04/1967	4. FEI Number 04-2422119	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip Country	29. Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	ST. LAURENT, DAVID F.	
STREET ADDRESS	1 VIRGINIA PLACE	
CITY-ST-ZIP	WENHAM MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCARTHY, VIRGINIA A.	
STREET ADDRESS	24 OLOFSSON ST	
CITY-ST-ZIP	BRAINTREE MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOLEY, WALTER P	
STREET ADDRESS	17 SWAN POND RD	
CITY-ST-ZIP	NO READING MA	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	COHEN, LAURENCE J.	
STREET ADDRESS	16 PAT DRIVE	
CITY-ST-ZIP	DANVERS MA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BENGSTON, SHEILA K.	
STREET ADDRESS	15 MAIN ST, SUITE 15B	
CITY-ST-ZIP	CHARLESTOWN MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGHERTY, DENNIS J.	
STREET ADDRESS	45 TURTLE LANE	
CITY-ST-ZIP	N. ANDOVER MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERARD MCCARTHY	
1.3 STREET ADDRESS	82 LINCOLN STREET	
1.4 CITY-ST-ZIP	BELMONT, MA 02178	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELIZABETH THOMPSON	
2.3 STREET ADDRESS	15 CHERRY ROAD	
2.4 CITY-ST-ZIP	NORTH HAMPTON, NH 03862	
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL CRASNICK	
3.3 STREET ADDRESS	55 STONEYMEADE WAY	
3.4 CITY-ST-ZIP	ACTON, MA 01729	
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEVEN GEISTFELD	
4.3 STREET ADDRESS	14 DARTMOUTH ROAD	
4.4 CITY-ST-ZIP	IPSWICH, MA	
5.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TENA MICHEL	
5.3 STREET ADDRESS	675 TREMONT STREET	
5.4 CITY-ST-ZIP	BOSTON, MA 02118	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ Date: **4/26/99** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)