



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **32399** 2. Name of Corporation **White Mountains Services Corporation**
 3. Street Address Principal Business Office **80 South Main St** City **Hanover** State **NH** Zip **03755**
 4. Business Phone No. **603-643-1567** 5. State of Incorporation **DELAWARE** 6. SIC Code **6148**

7. Brief Description of the Character of Business Conducted in Rhode Island
Mortgage Banking - Service of Process Mortgages

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS

President Name Michael S. Paquette Street Address 80 South Main St City Hanover State NH Zip 03755	Vice President Name David C. Staples Street Address 80 South Main St City Hanover State NH Zip 03755
Secretary Name Michael Allemany Street Address 80 South Main St City Hanover State NH Zip 03755	Treasurer Name Michael C. Allemany Street Address 80 South Main St City Hanover State NH Zip 03755

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS

Director Name Michael S. Paquette Street Address 80 South Main St City Hanover State NH Zip 03755	Director Name David C. Staples Street Address 80 South Main St City Hanover State NH Zip 03755
Director Name Michael C. Allemany Street Address 80 South Main St City Hanover State NH Zip 03755	Director Name _____ Street Address _____ City _____ State _____ Zip _____

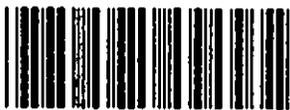
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	5,000,000	COMM	\$.01 PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	3,111,900	Common	\$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 2 3 9 9 *

File Date: 4/17/00
 Check No.: 1511
 By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 4/14/00
 Print or Type Name of Officer: David C. Staples
 Title of Officer: V.P.