

STATE OF MIODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State ...

MAR 1 4 2005

FOR SECRETARY OF STATE USE ONLY

Ву

Coporations Division 100 North Math Street Providence, RI 02303 1335

401 222 3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 (FORM MUST BE TYPED OR P		:: \$50.00			
1 Capranie ID No 53090	2 Name of Corporation COMPUTER INSURA	NCE COMPANY			
	SSET ST, S	UITE 502	PROVIDENCE	State RI	02903
4 Busines Plane No. 424	-8526	State of Incorporation RHODE ISLAND			6 SIC Code 0
PROPERTY AND CA		Bloud			
8: NAMES AND ADDRESS President Name 	ES OF THE OFFICERS: (*X 	C'BOX'FOR ATTAC	Vice President Same	BRISSON	TTACHMENTS
Street Addingss 10 WEYB 0			Street Address 10 WE4B05		
PROVIDENCE	San RI	2903	Provinence	State RT	02903
LOUIS B.	FontANA			OAMS	
10 WEYBOS			street Address 16 WZYBDSSE	7 55	!
PRO UI DENCE 9. NAMES AND ADDRESS	$\mathcal{R}_{\mathcal{L}}$ ES OF THE DIRECTORS: (9 Z 9 0 3 "X" BOX FOR AITA	PROVIDENCE CHMENT) [FILL IN SP	State ALE ACES BEFORE USING	02903 ATTACHMENTS
Director Name TRUNG A Street Address	1. ROTHMAN		Director Name THOMAS	ADAMS	
10 WEYBO			street Address 18 WEYBO	55877 5	· ·
PROVIMENCE	State PT , O.	2903	PROVIDENCE	RI	02903
G- DAWI	EL Mc CA	KTHY	Director Name		·:
10 WEYK	Poset Sc		Street Address		
PRO VIDENCE	e State RT Zip	12903	Cit _i	State	Zīp
10. SHARES AUTHORIZE	O ("X" BOX FOR ATTACHN	MENT) [11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHME	NT)
Namber of Shares	Glass/Series Par !	ialno	Number of Shares	Class(Series	Par Value
50,000 COMM \$100.00 P.	AR VALUE		25,000	Common	\$100.00
(1)					
this report must b	c signed in ink by cither the	: President, Vice Pres	sident, Secretary, Assistant So Under penalty of perjury,		
File Date	LED		including any account contained bereit are true	mg chediles and stateme and correct	

Form 630 Rev. 12/03

Print or Type Name of Officer

PRESIDENT

COMPUTER INSURANCE COMPANY 10 WEYBOSSET ST., SUITE 502 PROVIDENCE, RI 02903-1818

RHODE ISLAND CORPORATION ID #53090

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

ITEM 8 - NAMES AND ADDRESSES OF THE OFFICERS (continued)

Roy Bishop Vice President

10 Weybosset St., Suite 502, Providence, RI 02903

G. Daniel McCarthy VP and General Counsel

10 Weybosset St., Suite 502, Providence, RI 02903

Gerri Gold Vice President

10 Weybosset St. Suite 502, Providence, RI 02903

Desrie Mason-Jimerson Assistant Secretary

10 Weybosset St. Suite 502, Providence, RI 02903

Frank McGann Assistant Secretary

10 Weybosset St., Suite 502, Providence, RI 02903

James M. Cahillane Assistant Secretary

10 Weybosset St. Suite 502, Providence, RI 02903



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPO Filing Period: January 1 - (FORM MUST BE TYPED OR PR	March 1 • Fil.	NUAL REPOR ing Fee: \$50.00	T FOR THE YE	AR2004	4
1. Corporate ID No.	2. Name of Corporate	on			
53090	COMPUTER	INSURANCE COMPANY			
3. Street Address Principal Busines	s Office			Sign	Zip
10 WE4B	03587 31	SUITE SO		e K-1-	02903
4 Hustness Phone No.	^ ·	5. State of Incorporation			6. SIC Code
800-424-		RHODE ISLANI	n		
7. Brief Description of the Chamcia PROPERTY AND CAS	r of Business Conducted (SUALTY INSURANCE	n Rhode Island			
8. NAMES AND ADDRESSI	S OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT) PFILL II	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name	_	
IRVING H.	KOTHM A	(N)	PAUL C	BRISSON	
SAME AS	•		Street Address SA. INF	ASBUX 3	
City	State	Zip	Cliy	State	Zip
Secretary Name	.l	.	Treasurer Name		
	ONTAWA.	JR.	TUNINAS	G. ADAMS	
Street Address	011 /410/-		Street Address	G. ADAMS	1
Same As	BOX 3		SAME A	bs Box 3	
City	State	Zip	City	State	Ζφ
9. NAMES AND ADDRESSI	ES OF THE DIRECTO	ORS: ("X" BOX FOR A	TACHMENT) FILL	IN SPACES BEFORE USIN	G ATTACHMENTS
Director Name TRUING H.	ROTHM	An	Orrector Name	Mc Carti	14
Street Address		Z. I I	Street Address	<u> Λ</u> -	
Same as	130X 5		SAME	AS BOX 3	
City	State	Z(p	City	State	Zip
••••••	<u> </u>	<u>}</u>			
THOMAS 6	F. ADAY	ns	Director Name		
Street Address 5AME AS	BOX 3	<u> </u>	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	 	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHA	I IENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
50,000 COMM \$100.00 PA	AR VALUE		25,000	Common	\$100.00
This report must be	signed in ink by ei	ther the President, Vice	President, Secretary, Assis	stant Secretary, Treasurer, R	eceiver or Trustee

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and	
contained herein are true and correct	someticins, and that an statements
and	-12-200C
Signature of Officer	Date
PAUL C- BRIS	SON
Print or Type Name of Officer	
UICE PRESID	ENT
Title of Officer	Form 630 Rev. 12/03

COMPUTER INSURANCE COMPANY 10 WEYBOSSET ST. SUITE 502 PROVIDENCE, RI 02903

ITEMS 8 CONTINUED: NAMES AND ADDRESSES OF OFFICERS:

ROY BISHOP

VICE PRESIDENT

SAME ADDRESS AS BOX #3

GERRI GOLD

VICE PRESIDENT

SAME ADDRESS AS BOX #3

· · · G: DANIEL MC CARTHY -- VICE PRESIDENT AND GENERAL COUNSEL

SAME ADDRESS AS BOX #3

DESRIE MASON-JIMERSON ASSISTANT SECRETARY

SAME ADDRESS AS BOX #3

FRANK MC GANN

ASSISTANT SECRETARY

SAME ADDRESS AS BOX #3

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED OR PRINTED IN BLACKI

1. Corporate ID No.

2. Name of Corporation

53090

COMPUTER INSURANCE COMPANY

3. Street Address Principal Business Office

10 WEYBOSSET ST. SUITE 502

PROVIDENCE

7. Brief Description of the Character of Business Conducted in Rhode Island

Λ

TULAND MARIN E. TUSURANCE

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

IRUING H ROTHMAN

PAUL C. BRISSON

PRINCIPAL OFFICE IN #3 SAME AS PRINCIPAL OFFICE IN #3

LOUIS B. FONTANA JR.

SAME AS PRINCIPAL OFFICE IN #3

THOMAS ADAMS

SAME AS PRINCIPAL OFFICE IN #3

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

IRUING H. ROTHMAN

SAME AS PRINCIPAL OFFICE IN #3

Street Address

City

State

Zip

G. DANIEL Mc CARthy

DAME AS PRINCIPAL OFFICE IN #3

Director Name

Street Address

City

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

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Class/Series

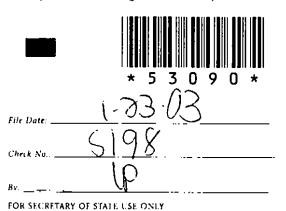
State

Number of Shares

50,000 COMM \$100.00 PAR VALUE

25,000

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



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

ر حوثٍ ج- ع

PRESIDEN

COMPUTER INSURANCE COMPANY 10 WEYBOSSET ST., SUITE 502 PROVIDENCE, RI 02903-1818

RHODE ISLAND CORPORATION ID #53090

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

ITEM 8 - NAMES AND ADDRESSES OF THE OFFICERS (continued)

Edward W. Andrews

Vice President

10 Weybosset St., Suite 502, Providence, RI 02903

G. Daniel McCarthy

VP and General Counsel

10 Weybosset St., Suite 502, Providence, RI.02903

G. Stuart Souther

Assistant Secretary

10 Weybosset St. Suite 502, Providence, RI02903

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

	FUKM	WOZI	HE	TYPED	IN	BLAC	١
--	------	------	----	-------	----	------	---

1. Corporate ID No.

2. Name of Corporation

53090	
73030	

COMPUTER INSURANCE COMPANY

3. Street Address Principal Business Office

10 Weybosset St. Suite 502

5. State of Incorporation

City

State

Zie

Providence

RI

02903-1818 6. SIC Code

RHODE ISLAND 800-424-8526 7. Brief Description of the Character of Business Conducted in Rhode Island

Property Insurance -- primarily inland marine lines --

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

Zip

210

Irving H. Rothman Street Address

10 Weybosset St.

City

Providence

Louis B. Fontana Jr.

10 Weybosset St.

RI

02903

Paul C. Brisson

Street Address

Vice President Name

10 Weybosset St.

Providence

RI

02903

Treusurer Name

Thomas Adams

Street Address

Director Name

Street Address

10 Weybosset St.

G. Daniel McCarthy

10 Weybosset St.

Providence

City

210

02903 Providence Providence RI 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Secretary Name

Street Address

Irving H. Rothman Street Address

Director Name

10 Weybosset St.

Ben K. Wells

Providence

AUTI KORIZIZI SHARES

Number of Shares

10 Weybosset St.

Providence

RI

RI

Class/Series

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

02903

02903

Zip

Sticet Address

City

State

State

RI

Zip

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

ESSUED SHARES

Number of Shares

Class/Series

Par Value

\$100

02903

50,000 COMM \$100.00 PAR VALUE

25,000

Common

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



Check No.:

FOR SECRETARY OF STATE USE ONLY

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 bytein are true and correct.

Signature of Officer

Paul C. Brisson

Print or Type Name of Officer

Vice President

Title of Officer

r.__ 420 13In1

January 10, 2002

Date

COMPUTER INSURANCE COMPANY

2002 CORPORATION ANNUAL REPORT

#8 CONTINUED

Ronald J. Lamb	VP	10 Weybosset St.	Providence, RI 02903
Edward Andrews	VP	10 Weybosset St.	Providence, RI 02903
G. Daniel McCarth	y VP	10 Weybosset St.	Providence, RI 02903
G. Stuart Souther	-Asst	Secretary 10 Weybosset S	t . Providence , RF02903-

Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

53090

COMPUTER INSURANCE COMPANY

3. Street Address Principal Business Office

210

5. State of Incorporation

RI

02903-2818

800-424-8526

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

4 AOn WEYBOSSET ST., SUITE 502

PROPERTY AND CASUALTY INSURANCE

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT XXXFILL IN SPACES BEFORE USING ATTACHMENTS

IRVING H. ROTHMAN

Street Address

100 10 WEYBOSSET ST. State

RΙ

RI

02903

PAUL C. BRISSON

PROVIDENCE

Street Address G. ADAMS

PROVIDENCE

Vice President Name

10 WEYBOSSET ST.

State RI

02903

Secretary Name

LOUIS B. FONTANA

PROVIDENCE

10 WEYBOSSET ST.

10 WEYBOSSET ST. State

Treasures Nume CFO

PROVIDENCE

02903

PROVIDENCE

02903

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

Street Address

IRVING H. ROTHMAN

Street Address

Director Name

10 WEYBOSSET ST.

State

Zip

02903

State

02903

PROVIDENCE RΙ

G. DANIEL MC CARTHY

10 WEYBOSSET ST.

Director Name

Street Address

Street Address

10 WEYBOSSET ST.

JUTHORIZED SHARES

lumber of Shores

PROVIDENCE

BEN K. WELLS

RΙ

Par Value

City

State

Zip

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

RI

Class/Series

02903

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

50,000 COMM \$100.00 PAR VALUE

25,000

COMMON

\$100.00

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



FOR SECRETARY OF STATE USE ONLY

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

Print or Type Name of Officer VICE PRESIDENT Title of Officer

JANUARY 19,

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

CORPORATE ID # 53090
COMPUTER INSURANCE COMPANY
10 WEYBOSSET ST.
PROVIDENCE, RI 002903-2818

ITEM #8 - ADDITIONAL OFFICERS:

EDWARD ANDREWS, VICE PRESIDENT
RONALD J. LAMB, VICE PRESIDENT
G. DANIEL MC CARTHY, VICE PRESIDENT AND GENERAL COUNSEL
STUART SOUTHER, ASSISTANT SECRETARY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR 20	በበ
illing Period: January 1-March 1 •	Filling Feet \$50	00				سيد

(FORM	MUST BE	TYPED	IN BLACK)

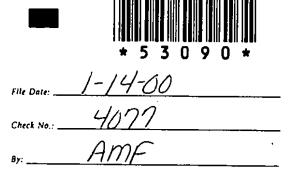
2. Name of Corporation

1. Corporate ID No.

53000

53090	COMPUTER	INSURANCE COMPANY	1		
3. Street Address Principal Business O	ffice		City	State	Zip
100 BIGNALL ST		5. State of incorporation	WARWICK	RI	02888-6406 6. SIC Code
800-424 - 8526		RHODE ISLAND			8888
7. Brief Description of the Character of	f Business Conducted Ir	Rhode Island			0000
PROPERTY AND CAS	UALTY AND IN	LAND MARINE INS	URANCE		
8. NAMES AND ADDRESSI			· .	ES BEFORE USING ATTAC	HMENTS
President Name			Vice President Name		
IRVING H. ROTHMA	N		PAU	UL C. BRISSON	
Street Address	•		Street Address		
100 BIGNALL ST.			100	O BIGNALL ST.	
City	State	Zip	City	State	Zip
WARWICK	RI	02888-6406	WARWICK	RI	02888-6406
Secretary Name			Treasurer Name		
G. DANIEL MC CAR	THY		EDV	WARD W. ANDREWS	
Street Address			Street Address		
100 BIGNALL ST.			100	D BIGNALL ST.	
City	State	Zip	City	State	Zip
WARWICK	RI	0288806406	WARWICK	RI	02888-6406
9. NAMES AND ADDRESSE	S OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPA	CES BEFORE USING ATTA	
Director Name		•	Director Name		
IRVING H. ROTHMAN	Ŋ		G. DANIEL	MC CARTHY	
Street Address			Street Address		
100 BIGNALL ST.			100 BIGNAL	LL ST.	
City	State	Zip	City	State	Zip
WARWICK	RI	02888-6406	WARWICK	ŔI	02888-6406
Director Name	•		Director Name		
BEN K. WELLS					
Street Address 100 BIGNALL ST.			Street Address		
City	State	Zip	City	State	Zip
KARWICK	Rr ·	02888-6406			
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED) ("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
50,000 COMM \$100.0	OO PAR		25,000	COMMON	\$100.00

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



FOR SECRETARY OF STATE USE ONLY

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

JANUARY 13, 2000

Date

PAUL C. BRISSON, VICE PRESIDENT Print or Type Name of Officer

Title of Officer

COMPUTER INSURANCE COMPANY 100 BIGNALL ST. WARWICK, RI 02888-6406

RHODE ISLAND CORPORATE I.D. NUMBER: 53090

Profit Corporation Annual Report Filing

Line 8 - Additional Officer:

Ronald J. Lamb, Vice President Computer Insurance Company 100 Bignall St. Warwick, RI 02888-6406



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	CK)				
1. Carparate ID No.	2. Name of Corpor	ation			
53090		COMPUTER INS	URANCE COMPANY		
3. Street Address Principal Business (Office		City	State	*1
100 BIGNALL ST.			WARWICK	RI	zıp 02888
4. Business Phone No.		5. State of Incorporation		IV I	
800-242-8526		o. o. in of interpolation	RHODE ISLAND		6. SIC Code 8888
7. Brief Description of the Character PROPERTY AND CASU	JALTY INSURA	NCE			
8. NAMES AND ADDRESS President Name	ES OF THE OF	ICERS ("X" BOX FOR ATTA	CHMENT) XXFILL IN SPAC	ES BEFORE USING ATTACH	IMENTS
· · · · · · · · · · · · · · · · · · ·			Vice President Name		
IRVING H. ROTHMAN	Ī		PAU	JL C. BRISSON	
Street Address			Street Address		
100 BIGANALL ST.			100	BIGNALL ST.	
City	State	Zip	Clly	State	Zip
WARWICK	RI	02888	·		•
Secretary Name	•		WARWICK	RI.	02888
G. DANIEL MC CART	'HY		EDW	ARD W. ANDREWS	
Street Address			Street Address		
100 BIGNALL ST.				BIGNALL ST.	
City	State	Zip	City	State	7:-
WARWICK	RI	02888	WARWICK	RI	2ip 02883
9. NAMES AND ADDRESS	ES OF THE DIR	ECTORS (*X* ROX FOR AT			
Director Name		LC: ONS (A BOX FOR A)	Director Name	ICES BEFORE USING ATTAC	HMENIS
IRVING H. ROTHMAN				NIEL MC CARTHY	
Street Address			Street Address		
100 BIGNALL ST.				IGNALL ST.	
City	State	Zip	City	•	
WARWICK	RI	02888	WARWICK	State RI	Zip
Director Name		• •	Director Name	KI.	02888
BEN K. WELLS			Director Name		
itreet Address			Street Address		
100 BIGNALL ST.			Tittet Maniety		
Sity	State	Zip	City	e	.
WARWICK	RI	02888	City	State	Zip
0. SHARES AUTHORIZED			11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	~
NUTHORIZED SHARES			ISSUED SHARES	O A BOX FOR ATTACHMENT)	•
iumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
50,000	00.010	A100 05	·	, , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •
117 131161	COMMON	\$100.00	25,000	COMMON	\$100.00

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

File Date:	10h12,99
riie Date	- No VIN III
Check No.:	3699
	90-10
By:	
FOR SECRETARY O	OF STATE USE ONLY

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 before are true and correct. 9, 1999

/ //		
conf.	FEB.	9

Date

RONALD J. Print or Type Name of Officer

VICE PRESIDENT

Title of Officer

COMPUTER INSURANCE COMPANY 100 BIGNALL ST WARWICK, RI 02888

PROFIT CORPORATION ANNUAL REPORT FOR 1999

LINE 8 - ADDITION OFFICERS

RONALD J. LAMB 100 BIGNALL ST WARWICK, RI 02888



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP PIJASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) L. Corporate ID No. 2. Name of Corporation 53090 Computer Insurance Company 3. Street Address Principal Business Office zip 02914 E. Providence 5 Catamore Blvd. 4. Business Phone No. 5. State of Incorporation 688g: Code 800-424-8526 Rhode Island 8888 7. Brief Description of the Character of Business Conducted in Rhode Island Property and Casualty Insurance business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) XXX President Name Vice President Name Ronald J. Lamb Paul C. Brisson Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd. City Zip State 7.ip E. Providence RI 02914 E. Providence RI 02914 Secretary Name Treasurer Name Gail S. Mann Paul J. Milbury Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd. State Zip City State Zip E. Providence RΙ 02914 Providence RΙ 02914 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) & & X X Director Name Director Name Ronald J. Lamb Paul c. Brisson Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd. State Zip City State Zip E. Providence RI 02914 E. Providence RΙ 02914 Director Name Director Bome Gail S Mann Paul J. Milbury Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd. City State State 210 E. Providence 02914 RΙ E. Providence RΙ 02914 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) . AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

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

25,000

\$100.00

File Date: 7/21/97

Check No.: 2075-5/2

Common

50,000

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.

Common

1/20

Paul C. Brisson

Vice President

Print or Type Name of Officer

Title of Officer

Manature of Officer

7/20/98

\$100.00

COMPUTER INSURANCE COMPANY CORPORATE ID # 53090

PROFIT CORPORATION-ANNUAL REPORT FOR THE YEAR 1998-

DIRECTORS: (CONTINUED FROM PAGE 1)

ROY W. GRAY GLEN F. NUNEZ PAUL J. MILBURY TIMOTHY J. LEISMAN THOMAS L. BEAUDOIN

.

OFFICERS: (CONTINUED FROM PAGE 1)

VICE PRESIDENT AND CONTROLLER ASSISTANT SECRETARY ASSISTANT SECRETARY VP UNDERWRITING VP CLAIMS

GLEN F. NUNEZ MARGARET A. SHUKUR PAUL C. BRISSON ROY W. GRAY JOSEPH BLAZEJEWSKI



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No. 5 3 0 9 0	2. Name of Corporation	Insurance Com	D 2 D 11		
3. Street Address Principal Business O		Insurance com	· •		
5 Catamore Blv	**.		c _{iry} E. Providence	State R I	71p 02914
4. Business Phone No. 800 – 424 – 8526		5. State of Incorporation Rhode Isla	nd		6. SIC Code 8888
7. Brief Description of the Character of Property and C			SS		
8. NAMES AND ADDRESS President Name Ronald J. Lamb		RS ("X" BOX FOR ATTACHI	MENT)XXX Vice President Name Paul C. Brisson		
Street Address 5 Catamore Blv	d.		Street Address 5 Catamore Blvd.		
City 5. Providence	State R I	z _{ip} 02914	Cuy E. Providence	State R I	7.1p 0 2 9 1 4
Secretary Name Gail S. Mann	•		Treasurer Name Paul J. Milbury		• •
Street Address 5 Catamore Blv	d .	•	Street Address 5 Catamore Blvd.	. <i>.</i>	
Ciry E. Providence	State R I	02914	E. Providence	State R I	^{Z1p} 02914
9. NAMES AND ADDRESSI Director Name Ronald J. Lamb	ES OF THE DIRECT	ORS (*x* box for attac	HMENTXXX Director Name Paul C. Brisson	· •	
Street Address 5 Catamore Blv	d .		Street Address 5 Catamore Blvd.		
City E. Providence	State R I	02914	E. Providence	State R I	0 ^{21p} 02914
Director Name Gail S. Mann			Director Name Ilene B. Jacobs	• • • • • • • • • • • • • • • • • • • •	
Street Address			Street Address		
5 Catamore Blv	d .		5 Catamore Blvd.		
City	State	Zip	City	State	Zip
E. Providence	RI	02914	E. Providence	RI	02914
10. SHARES AUTHORIZED NUTHORIZED SHARES	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X* BO	X FOR ATTACHMENT)	••
Number of Shares	Class/Series	For Value	Number of Shares	Class/Series	Par Value
50,000	Common	\$100.00	25,000	Common	\$100.00

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

File Date: 7/1/98	
Check No.: 207542	
Ay: Om)	
FOR SECRETARY OF STATE USE ONLY	

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

Paul C. Brisson

Signature of Officer

Title of Officer

Print or Type Name of Officer

Vice President

COMPUTER INSURANCE COMPANY CORPORATE ID # 53090

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997

DIRECTORS: (CONTINUED FROM PAGE 1)

ROY W. GRAY BARRY M. GRIFFIN GLEN F. NUNEZ PAUL J. MILBURY PAMELA S. TUCKER

OFFICERS: (CONTINUED FROM PAGE 1)

VICE PRESIDENT AND CONTROLLER ASSISTANT SECRETARY ASSISTANT SECRETARY VP UNDERWRITING VP CLAIMS

GLEN F. NUNEZ MARGARET A. SHUKUR BARRY M. GRIFFIN PAUL C. BRISSON ROY W. GRAY JOSEPH BLAZEJEWSKI



james R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1996 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

53090	Computer	Insurance	e Cor	npany	7		
3. Street Address Principal Business Office	,			City		State	Zip
5 Catamore Blvd.	•		Ε.	Ε.	Providence	RI	02914
4. Business Phane No.		5. State of Incorp	peration				6. SIC Code
800-424-8526		Rhode	Isla	and			8888

7. Brief Description of the Character of	7. Brief Description of the Character of Business Conducted in Rhode Island				
Property and C	Casualty_In	sur <u>an</u> ce busine	ess		
8. NAMES AND ADDRESS President Name	ES OF THE OFFIC	ERS ("X" BOX FOR ATTACE	HMENT) X X X Vice President Name		
Ronald J. Lamb Street Address	•		Paul C. Brisson Street Address		
5 Catamore Blv	d.		5 Catamore Blvd	•	
City	State	Zip	City	State	Zip
E. Providence Secretary Name	RI	02914	E. Providence Treasurer Name	RI	02914
Gail S. Mann			Paul J. Milbury Street Address		
5 Catamore Blv	d.		5 Catamore Blvd	•	
City	State	Zip	City	State	Zip
E. Providence	RI	02914	E. Providence	RI	02914
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENTX X X Director Name		
Ronald J. Lamb	•		Paul C. Brisson		
Street Address			Street Address		
5 Catamore Blv	d.		5 Catamore Blvd	•	
City	State	Zip	City	State	Zip
E. Providence	RI	02914	E. Providence	RI	02914
Director Name		• •	Director Name		•
Gail S. Mann			Ilen e B. Jacob	s	
Street Address			Street Address		
5 Catamore Blv	/d .		5 Catamore Blvd	•	
City	State	Zíp	City	State	Zip
E. Providence	RI	02914	E. Providence	RI	02914

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

ISSUED SHARES

25,000

Number of Shares

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

Class/Series

Common

Par Value

\$25.00

AUTHORIZED SHARES

50,000

Number of Shares

ARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Class/Series

Common

Par Value

=\$100.00

Signature of Officer Paul C. Brisson

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

Print or Type Name of Officer Vice President

Title of Officer

COMPUTER INSURANCE COMPANY CORPORATE ID # 53090

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR-1996

DIRECTORS: (CONTINUED FROM PAGE 1)

ROY W. GRAY BARRY M. GRIFFIN GLEN F. NUNEZ PAUL J. MILBURY PAMELA S. TUCKER

OFFICERS: (CONTINUED FROM PAGE 1)

SENIOR VICE PRESIDENT FINANCE
AND CHIEF FINANCIAL OFFICER
VICE PRESIDENT AND CONTROLLER
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
VP UNDERWRITING
VP CLAIMS

ILENE B. JACORS
GLEN F. NUNEZ
MARGARET A. SHUKUR
BARRY M. GRIFFIN
PAUL C. BRISSON
ROY W. GRAY
JOSEPH BLAZEJEWSKI



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1995 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 53090 Computer Insurance Company 3. Street Address Principal Business Office 7.1p 5 Catamore Blvd. E. Providence RΙ 02914 4. Business Phone No. 5. State of incorporation 6. SIC Code 800-424-8526 Rhode Island 8888 7. Brief Description of the Character of Business Conducted in Rhode Island Property and Casualty Insurance business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X X X President Name Vice President Name Ronald J. Lamb Paul C. Brisson Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd. City State State ZIP E. Providence RΙ 02914 E. Providence RI 02914 Secretary Name Treasurer Name Gail S. Mann Ilene B. Jacobs Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd. Zip City Zip E. Providence RΙ 02914 E. Providence RI 02914 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)
X X X
Director Name Ronald J. Lamb Paul C. Brisson Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd City State Zip State Z.ip E. Providence RI02914 E. Providence RI 02914 Director Name Director Name Gail S. Mann Ilene B. Jacobs Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd. City Zip City State Zip E. Providence RI 02914 E. Providence RI 02914 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 50,000 Common \$100.00 25,000 Common \$100.00

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

~/a //a	
File Date: 7/2/9P	
Check No.: 207542	
By:	
FOR SECRETARY OF STATE USE ONLY	
1/	

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

Paul C. Brisson

Vice President

Title of Officer

ature of Officer

Print or Type Name of Officer

COMPUTER INSURANCE COMPANY CORPORATE ID # 53090

-------PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1995

DIRECTORS: (CONTINUED FROM PAGE 1)

ROY W. GRAY BARRY M. GRIFFIN GLEN F. NUNEZ KEVIN T. SWEENEY PAMELA S. TUCKER

OFFICERS: (CONTINUED FROM PAGE 1)

VICE PRESIDENT AND CONTROLLER:
ASSISTANT SECRETARY
ASSISTANT SECRETARY
VP UNDERWRITING
VP CLAIMS

KEVIN T. SWEENEY MARGARET A. SHUKUR BRUCE P. SAULNIER ROY W. GRAY JOSEPH BLAZEJEWSKI



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

STOP PIEW RLAD INSIRECTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1994 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 53090 Computer Insurance Company 3. Street Address Principal Business Office Zip Catamore Blvd. E. Providence RI 02914 4. Business Phone No. 5. State of Incorporation 6. SIC Code 800-424-8526 88888 Rhode Island 7. Brief Description of the Character of Business Conducted in Rhode Island Property and Casualty Insurance business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) XXX President Name Vice President Name Ronald J. Lamb Paul C. Brisson Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd. E. Providence RΙ 02914 E. Providence RΙ 02914 Secretary Name Treasurer Name Gail S. Mann Ilene B. Jacobs Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd. E. Providence 02914 RΙ E. Providence RI02914 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) XXX Director Name Director Name Ronald J. Lamb Paul C. Brisson Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd. E. Providence RΙ 02914 E. Providence RΙ 02914 Director Name Director Name Gail S. Mann Ilene B. Jacobs Street Address Street Address 5 Catamore Blvd. 5 Catamore Blvd. E. Providence RΊ 02914 E. Providence 02914 RI10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

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

25,000

\$100.00

Common

50,000

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.

Common

1/2

Paul C. Brisson

Print or Type Name of Officer
Vice President

Title of Officer

Signature of Officer

1/20/98

\$100.00

COMPUTER INSURANCE COMPANY CORPORATE ID # 53090

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1994

DIRECTORS: (CONTINUED FROM PAGE 1)

ROY W. GRAY BARRY M. GRIFFIN GLEN F. NUNEZ KEVIN T. SWEENEY PAMELA S. TUCKER

OFFICERS: (CONTINUED FROM PAGE 1)

VICE PRESIDENT AND CONTROLLER:
ASSISTANT SECRETARY
ASSISTANT SECRETARY
VP UNDERWRITING
VP CLAIMS

KEVIN T. SWEENEY MARGARET A. SHUKUR THOMAS W. WRONSKI ROY W. GRAY PETER KEANE State of Rhode Island and Providence Plantations
CORPORATIONS DIVISION
CORPORATIONS DIVISION

(Report must be signed by an officer)

Form 31 1/85

Corporate ID 00	53090	ENCE, RHODE ISLAND 02903 Annual Report	for the year 1993
FIRST: The name of	f the corporation is	COMPUTER INSU	
		of Rhode Island	.
THIRD: Character o	f business, briefly state	d, is Property and Cas	ualty Insurance
FOURTH: If foreign	corporation, address o	f its principal officeN/A	
FIFTH: Business add	lress in Rhode Island	5 Catamore Bouleva East Providence, R	
SIXTH: Names and a	addresses of its directo		(Attach rider if necessary)
Ronald J. Lamb	Direct	or 234 Foxhill Rd,	Burlington, MA 01803
Paul C. Brisson	Direct	or 51 Autumn Rd, L	unenburg, MA 01462
Ilene B. Jacobs	Direct	or 213 Sandy Pond	Rd, Lincoln, MA 01773
Ronald J. Lamb	Presid	ent 234 Fox Hill Rd	, Burlington, MA 01803
Paul C. Brisson	Vice F	resident 51 Autumn Rd, L	unenburg, MA 01462
Gail S. Mann	Secret	ary 196 Payson Rd,	Belmont, MA 02178
Ilene B. Jacobs	Treası		Rd, Lincoln, MA 01773
SEVENTH: Number of	of Shares authorized:		Par Value
No. of Shares	Class	PAID Series	or statement that shares are without par value
50,000	Common F	FR 1 9 1993 None	\$100.00
		C'Y OF STATE	
EIGHTH: Number of	Shares issued:	0101011	Par Value or statement that
No. of Shares	Common Class	Series	shares are without par value
25,000	Common	None	\$100.00
Dated February 16	1993	COMPUTER INSURA	NCE COMPANY
		Vice Presiden	t

Computer Insurance Co, 5 Catamore Blvd., E. Providence, RI 02914 1992 Annual Report

SIXTH:

Continued

Director and Officer

Kevin T. Sweeney,

11 Olde Meeting House Rd. Westborough, MA 01581

Director

Gail S. Mann,

196 Payson Rd. Belmont, MA 02178

Officer

Rebecca R. Hawkins,

2 Hawthorne Place Boston, MA 02108

State of Rhode Island and Frovidence Alantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 FFB 17 1992

		RHODE ISLAND 02903	• • • • • • • • • • • • • • • • • • • •
Corporate ID.			r the year 1992
FIRST: The name of	the corporation is	COMEUTER INSU	RANCE COMEANY
SECOND: It is incorp	orated under the laws of	RHODE ISLAND	
THIRD: Character of	business, briefly stated, is	PROPERTY AND LIAB	ILITY INSURANCE
FOURTH: If foreign c	orporation, address of its p	rincipal office N/A	
FIFTH: Business addr		CATAMORE BOULEVARD	
SIXTH: Names and ac	ddresses of its directors and		(Attach rider if necessary)
Ronald J. Lamb	Director	234 Foxhill Rd,	Burlington, MA 01803
Paul C. Brisson	Director		nenburg. MA 01462
Ilene B. Jacobs	Director		d, Lincoln, MA 01773
Ronald J. Lamb	President		Burlington, MA 01803
			nenburg, MA 01462
Marietta M. Ethier	Secretary		r, Natick, MA 01760
Ilene B. Jacobs	Treasurer		d, Lincoln, MA 01773
SEVENTH: Number of	Shares authorized:	<i>y</i>	Par Value
No. of Shares	Class	Series	or statement that shares are without
50,000	Common	None	par value
Eighth: Number of S	harae issuadi	53474576	\$100.00
No. of Shares	Pa	e°d & Mind FEB ny 1	Par Value or statement that shares are without
	Class	Series	par value
25,000	Common	None	\$100.00
Dated February 6,		COMPUTER INSURANCE	COMPANY
(Report must be signe	ed by an officer) Ti	lle Vice President	

COMPUTER INSURANCE COMPANY 5 Catamore Boulevard East Providence, RI 02914-1203

CORPORATE ID:

0053090

ANNUAL REPORT:

FOR THE YEAR 1992

Names and addresses of its directors and officers: Sixth:

(Rider)

Kevin T. Sweeney,

Director 11 Olde Meeting House Road & Officer, Westborough, MA 01581

Marietta M. Ethier,

Director,

18 Apple Ridge Drive

South Natick, MA 01760

Edward F. Juliano Jr, Officer,

87 Mossman Road Sudbury, MA 01776

Dated: FEBRUARY 6,199Z

COMPUTER INSURANCE COMPANY

BY:

TITLE: VICE PRESIDENT

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	3090	Annual Report for the yea	r1991	
First: The name of the	he corporation is	COMPUTER INSURANCE COMPANY		
SECOND: It is incorpo	rated under the laws of	Rhode Island		
THIRD: Character of b	ousiness, briefly stated, is	Property & Casualty Ins	urance	
FOURTH: If foreign co	orporation, address of its	principal office ^{N/A}		
FIFTH: Business addre	ess in Rhode Island ⁵	Catamore Boulevard		
	Ε.	Providence, RI 02914-1	.203	
SIXTH: Names and ad		nd officers: , Address (including number,	(Attach rider if necessary) street, zip code)	
	Director			
	President	234 Foxhill Rd., Burl	ington, MA 01803	
Paul C. Brisson	Vice Presi	dent 51 Autumn Road, Luner	nburg, MA 01462	
Marietta M. Ethie		18 Apple Ridge Dr., M		
Ilene B. Jacobs	Treasurer	213 Sandy Pond Rd., I	incoln, MA	
	Shares authorized:	6	Par Value or statement that shares are without	
No. of Shares 50,000	Class Common	Series None PAID	par value \$100.00	
		MAR I iona		
Еіднтн: Number of	Shares issued:	الماليات المالياتياتيات الماليات المالياتيات	Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
25,000	Common	None	\$100.00	
Dated FEBRUAR 8,	1991 19 5.1 O	Computer Insurance Comp	oany	
(Report must be sig	ned by an officer)	Title Vice President-Open	ations	

(Report must be signed by an officer)

Computer Insurance Company 5 Catamore Blvd. E. Providence, RI 02914-1203

Annual Report 1991

Question 6 - continued

Title	Names of Officers and Directors	Street Address	City and State
v	Kevin T. Sweeney	11 Olde Meeting House Rd.	Westboro, MA
AS	Eric C. Thorp	2 Patriot Lane	Westford, MA

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0053030	······································	Annual Report for th	ie year 1990
FIRST: The name of the c	corporation is	COMPUTER INSURANCE	COMPANY
SECOND: It is incorporate	ed under the laws of	Rhode Island	
THIRD: Character of busi	ness, briefly stated, is	s Property and Casua	lty Insurance
Fourth: If foreign corpo	ration, address of its	principal officeN/A	
FIFTH: Business address in	n Rhode Island	5 Catamore Boulevard	
		East Providence, RI 0	2914
SIXTH: Names and address	sses of its directors ar		(Attach rider if necessary) umber, street, zip code)
	Director	(Directors	Listing Attached)
	Director		
	Director		
Ronald J. Lamb	President	234 Fox Hill Rd.,	Burlington, MA 01803
Paul C. Brisson	Vice Presi	dent 51 Autumn Rd., Lun	enburg, MA 01462
Marietta M. Ethier			, So. Natick, MA 01760
Ilene B. Jacobs	Treasurer		, Lincoln, MA 01773
Seventh: Number of Sha		•	Par Value
No. of Shares	Class	C . S.	or statement that shares are without
10,000	Common	Series None	par value \$100.00
		PAID	
EIGHTH: Number of Share	es issued:	JAN 3 U 1990	Par Value
No. of Shares	Class		or statement that shares are without
10,000	Common	FC'Y. OF STA	par value \$100.00
			·
Dated January 24,	1990	Computer Insurance Co	ppany
		(Name of Corporation)	•
		By aun for	
(Report must be signed by	an officer)	Title Vice-President - Assistant Secret	

COMPUTER INSURANCE COMPANY

5 Catamore Boulevard East Providence, RI 02914

CORPORATE ID: 53090

ANNUAL REPORT FOR THE YEAR: 1990

SIXTH: CONTINUED

DIRECTORS:

RONALD J. LAMB
PAUL C. BRISSON
ILENE B. JACOBS
JAMES M. OSTERHOFF
MARIETTA M. ETHIER

234 FOX HILL RD, BURLINGTON, MA 01803 51 AUTUMN RD, LUNENBURG, MA 01462 213 SANDY POND RD, LINCOLN, MA 01773 308 CATERINA HTS, CONCORD, MA 01742 18 APPLE RIDGE DR, SO NATICK, MA 01760

OFFICERS: CONTINUED FROM PAGE 1

JAMES M. OSTERHOFF, VICE PRESIDENT ~ FINANCE, 308 CATERINA HTS, CONCORD, MA 01742

KEVIN T. SWEENEY, VICE PRESIDENT - CONTROLLER,
11 OLDE MEETING HOURSE RD, WESTBORG, MA 01581

ERIC C. THORP, ASSISTANT SECRETARY,
2 PATRIOT LANE, WESTFORD, MA 01886