

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005101

**FILED**  
**Jan 10, 2024**  
**Secretary of State**  
**7683338765CC**

**Entity Name:** WORKERS COMPENSATION RESEARCH INSTITUTE  
INCORPORATED

**Current Principal Place of Business:**

955 MASSACHUSETTS AVE.  
6TH FLOOR  
CAMBRIDGE, MA 02139

**Current Mailing Address:**

955 MASSACHUSETTS AVE.  
6TH FLOOR  
CAMBRIDGE, MA 02139

**FEI Number: 36-3264285**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
539 FIFTH AVENUE SOUTH  
SUITE 330  
NAPLES, FL 34102 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PERROOTS, STEVE  
Address MARRIOTT  
10400 FERNWOOD RD  
City-State-Zip: BETHESDA MD 20817

Title PRESIDENT AND CEO  
Name TANABE, RAMONA P  
Address 955 MASSACHUSETTS AVENUE  
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR  
Name PASS, RUSSELL J  
Address GALLAGHER BASSETT  
2850 GOLF ROAD  
City-State-Zip: ROLLING MEADOWS IL 60008

Title DIRECTOR  
Name GEORGE, KIMBERLY  
Address SEDGWICK  
1100 RIDGEWAY LOOP ROAD  
City-State-Zip: MEMPHIS TN 38120

Title DIRECTOR  
Name VINCENZ, JOAN  
Address UNITED AIRLINES  
233 S WACKER  
City-State-Zip: CHICAGO IL 60603

Title DIRECTOR  
Name BENNETT, STEVE  
Address 8700 WEST BRYN MAWR, SUITE 1200S  
City-State-Zip: CHICAGO IL 60631

Title DIRECTOR  
Name KANE, DEBRA  
Address 801 WARRENVILLE RD  
700  
City-State-Zip: LISLE IL 60532

Title DIRECTOR  
Name ALEXANDER, VIRNA  
Address 157 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RAMONA TANABE**

**PRESIDENT AND CEO**

**01/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VC  
Name ADAMS, MICHELE  
Address WALMART  
702 SOUTHWEST 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR  
Name ALGIRE, DENISE ZOE  
Address 5918 STONERIDGE MALL RD.  
City-State-Zip: PLEASANTON CA 94588

Title DIRECTOR  
Name BRADY, KEVIN  
Address 380 SENTRY PARKWAY  
City-State-Zip: BLUE BELL PA 19422-2328

Title DIRECTOR  
Name IVES, RICHARD  
Address ONE TOWER SQ  
7MS  
City-State-Zip: HARTFORD CT 06183

Title DIRECTOR  
Name KEARNEY, PAUL  
Address 200 N. GRAND AVE  
City-State-Zip: LANSING MI 48901

Title DIRECTOR  
Name ZAPARANICK, MELISSA  
Address 1 HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title CHAIRMAN  
Name WELLS, JOSEPH  
Address 100 EVEREST WAY  
City-State-Zip: WARREN NJ 07059

Title TREASURER  
Name STEWART, JON  
Address 250 WEST MAIN STREET  
SUITE 900  
City-State-Zip: LEXINGTON KY 40507

Title DIRECTOR  
Name HAVEN, DIANA  
Address 505 BROADWAY  
CARDINAL HALL 6TH  
City-State-Zip: REDWOOD CITY CA 94063

Title DIRECTOR  
Name DEBLOCK, NEIL  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title DIRECTOR  
Name FEUERLICHT, IRA  
Address 28 LIBERTY ST.  
City-State-Zip: NEW YORK NY 10005