

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005101

**FILED**  
**Jan 18, 2022**  
**Secretary of State**  
**6033451453CC**

**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 EXECUTIVE VP, COUNSEL &  
SECRETARY  
Name TANABE, RAMONA P  
Address 955 MASSACHUSETTS AVENUE  
City-State-Zip: CAMBRIDGE MA 02139

Title PRESIDENT AND CEO  
Name RUSER, JOHN  
Address 955 MASSACHUSETTS AVE  
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR  
Name GLASSON, TOM  
Address AIG  
600 N. PEARL,  
City-State-Zip: DALLAS TX 75201

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

Title DIRECTOR  
Name DONNELLY, VINCE  
Address PMA  
380 SENTRY PRKWY  
City-State-Zip: BLUE BELL PA 19422

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

Title DIRECTOR  
Name DOBLEMAN, CRISTINA  
Address STANFORD UNIV/RISK MANAGEMENT  
651 SERRA ST  
City-State-Zip: STANFORD CA 94305

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*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

VICE PRESIDENT AND  
COUNSEL

01/18/2022

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FENLON, MIKE  
Address UNITED PARCEL SERVICE  
53 GLENLAKE PRKWY  
City-State-Zip: ATLANTA GA 30328

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

Title TREASURER  
Name KITTMAN, KERRI  
Address 200 N. GRAND AVE  
City-State-Zip: LANSING MI 48901

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

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

Title DIRECTOR  
Name ARMENTANO, VINNY  
Address TRAVELERS  
ONE TOWER SQ  
City-State-Zip: HARTFORD CT 06183

Title DIRECTOR  
Name MCILREE, NINA  
Address ZURICH  
1400 AMERICAN LN  
City-State-Zip: SCHAUMBURG IL 60196

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

Title DIRECTOR  
Name MASSARO, MATTHEW  
Address ONE HARTFORD PLAZA  
TOWER-5 T.05.154  
City-State-Zip: HARTFORD CT 06155

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