2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005101

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. 300 FIFTH AVENUE SOUTH SUITE 101-330 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title CHAIRPERSON Title **EXECUTIVE VP, COUNSEL &**

SECRETARY Name PERROOTS, STEVE

Name TANABE, RAMONA P Address **MARRIOTT**

955 MASSACHUSETTS AVENUE Address 10400 FERNWOOD RD

BETHESDA MD 20817 City-State-Zip: CAMBRIDGE MA 02139 City-State-Zip:

Title **TREASURER** Title PRESIDENT AND CEO

STEWART, JON E RUSER, JOHN Name Name

KENTUCKY EMPLOYERS MUTUAL INS 955 MASSACHUSETTS AVE Address Address

250 WEST MAIN ST City-State-Zip: CAMBRIDGE MA 02139

City-State-Zip: LEXINGTON KY 40507 Title **DIRECTOR**

Title VICE-CHAIR Name NOWAK, THOMAS

BOYCE, SHELLEY Name Address AIG

Address MEDRISK 175 WATER ST

2701 RENAISSANCE BLVD NEW YORK NY 10038 City-State-Zip:

City-State-Zip: KING OF PRUSSIA PA 19406 Title DIRECTOR

Title VICE-CHAIR

Name GARDNER, ANDREA Name PASS, RUSSELL J

Address HARTFORD **GALLAGHER BASSETT** Address ONE HARTFORD PLAZA

FILED Jan 10, 2019

Secretary of State

5701368023CC

2850 GOLF ROAD City-State-Zip: HARTFORD CT 06155 City-State-Zip: **ROLLING MEADOWS IL 60008**

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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.

01/10/2019 EXECUTIVE VP, SIGNATURE: RAMONA TANABE COUNSEL & SECRETARY

Officer/Director Detail Continued:

City-State-Zip:

Title Title **DIRECTOR DIRECTOR**

BROWN, DARRELL Name DONNELLY, VINCE Name

Address Address

380 SENTRY PRKWY 3760 KILROY AIRPORT WAY BLUE BELL PA 19422 City-State-Zip: LONG BEACH CA 90806

City-State-Zip:

SEDGWICK

City-State-Zip:

DIRECTOR Title **DIRECTOR** Title

DOBLEMAN, CRISTINA Name FENLON, MIKE Name

Address STANFORD UNIV/RISK MANAGEMENT Address UNITED PARCEL SERVICE

651 SERRA ST 55 GLENLAKE PRKWY STANFORD CA 94305 ATLANTA GA 30328

Title DIRECTOR Title DIRECTOR

STILLS, DAVID ARMENTANO, VINNY Name Name

Address

WALMART Address **TRAVELERS** 922 WEST WALNUT ONE TOWER SQ

City-State-Zip: ROGERS AR 72756 City-State-Zip: HARTFORD CT 06183

Title **DIRECTOR** Title **DIRECTOR** VINCENZ, JOAN Name Name KRAL, JANINE

Address **UNITED AIRLINES** Address **NORDSTROM**

1700 SEVENTH AVE 233 S WACKER

CHICAGO IL 60603 SEATTLE WA 98101 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

GLENN, DONNA GORDON, SUSAN Name Name

LIBERTY MUTUAL **ZURICH** Address Address

> 157 BERKELEY ST 1400 AMERICAN LN

SCHAUMBURG IL 60196 City-State-Zip: BOSTON MA 02117 City-State-Zip: