2018 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:

Electronic Signature of Registered Agent

Date

FILED Jan 02, 2018

Secretary of State

CC0018051931

Officer/Director Detail:

Title CHAIRPERSON Title VICE CHAIR

Name ARMENTANO, VINCENT Name PERROOTS, STEVE

Address 955 MASSACHUSETTS AVE. Address 955 MASSACHUSETTS AVE.

6TH FLOOR 6TH FLOOR

City-State-Zip: CAMBRIDGE MA 02139 City-State-Zip: CAMBRIDGE MA 02139

Title SECRETARY Title TREASURER

Name TANABE, RAMONA P Name STEWART, JON E

Address 955 MASSACHUSETTS AVENUE Address 955 MASSACHUSETTS AVENUE

City-State-Zip: CAMBRIDGE MA 02139 City-State-Zip: CAMBRIDGE MA 02139

Title PRESIDENT AND CEO Title VICE-CHAIR

Name RUSER, JOHN Name BOYCE, SHELLEY

Address 955 MASSACHUSETTS AVE Address 955 MASSACHUSETTS AVE.

City-State-Zip: CAMBRIDGE MA 02139

City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR Title DIRECTOR

Name NOWAK, THOMAS Name PASS, RUSSELL J

Address 955 MASSACHUSETTS AVE.
6TH FLOOR Address 955 MASSACHUSETTS AVE.

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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

EXECUTIVE VP & COUNSEL

01/02/2018

Officer/Director Detail Continued:

Title DIRECTOR

Name GARDNER, ANDREA

Address 955 MASSACHUSETTS AVE.

6TH FLOOR

City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR

Name DONNELLY, VINCE

Address 955 MASSACHUSETTS AVE.

6TH FLOOR

City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR

Name BROWN, DARRELL

Address 955 MASSACHUSETTS AVE.

6TH FLOOR

City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR
Name FENLON, MIKE

Address 955 MASSACHUSETTS AVE.

6TH FLOOR

City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR

Name MASSEY, GREGORY

Address 955 MASSACHUSETTS AVE.

6TH FLOOR

City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR

Name RYAN, TRACY A

Address 955 MASSACHUSETTS AVE.

6TH FLOOR

City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR

Name GILLESPIE, TREY

Address 955 MASSACHUSETTS AVE.

6TH FLOOR

City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR

Name DOBLEMAN, CRISTINA

Address 955 MASSACHUSETTS AVE.

6TH FLOOR

City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR
Name STILLS, DAVID

Address 955 MASSACHUSETTS AVE.

6TH FLOOR

City-State-Zip: CAMBRIDGE MA 02139