2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2016
Secretary of State
CC5866653543

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Entity Name: FIDELITY EMPLOYER INSURANCE SERVICES, INC.

Current Principal Place of Business:

245 SUMMER STREET, ZW9A
BOSTON, MA 02210

Current Mailing Address:

245 SUMMER STREET, ZW9A
BOSTON, MA 02210 US

FEI Number: 02-0526378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PD	Title	D
Name	KIMLER, BRADFORD	Name	HALEY, JOHN F. JR.
Address	245 SUMMER STREET	Address	245 SUMMER STREET
City-State-Zip:	BOSTON MA 02210	City-State-Zip:	BOSTON MA 02210
Title	T	Title	ASST. SECRETARY
Name	MCGILLICUDDY, THOMAS	Name	STAHL, PETER D.
Address	245 SUMMER STREET	Address	245 SUMMER STREET
City-State-Zip:	BOSTON MA 02210	City-State-Zip:	BOSTON MA 02210
Title	SVP	Title	ASST. TREASURER
Name	STAVISKY, ADAM	Name	GREEN, ERIC C.
Address	245 SUMMER STREET	Address	245 SUMMER STREET
City-State-Zip:	BOSTON MA 02210	City-State-Zip:	BOSTON MA 02210

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER D. STAHL ASSISTANT SECRETARY 04/13/2016

Electronic Signature of Signing Officer/Director Detail — Date