

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003105

Entity Name: FIDELITY EMPLOYER INSURANCE SERVICES, INC.**Current Principal Place of Business:**245 SUMMER STREET, ZW9A
BOSTON, MA 02210**Current Mailing Address:**200 SEAPORT BLVD., ZW9A
C/O CORPORATE LEGAL
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	T
Name	MCGILLICUDDY, THOMAS
Address	245 SUMMER STREET
City-State-Zip:	BOSTON MA 02210

Title	SECRETARY
Name	STAHL, PETER D.
Address	245 SUMMER STREET
City-State-Zip:	BOSTON MA 02210

Title	DIRECTOR, PRESIDENT
Name	KENNEDY, ROBERT
Address	245 SUMMER STREET
City-State-Zip:	BOSTON MA 02210

Title	ASST. TREASURER
Name	GREEN, ERIC C.
Address	245 SUMMER STREET
City-State-Zip:	BOSTON MA 02210

Title	DIRECTOR
Name	TALIB, SHAMS
Address	245 SUMMER STREET
City-State-Zip:	BOSTON MA 02210

Title	ASST. SECRETARY
Name	MCLAIN, BRIAN C.
Address	245 SUMMER STREET
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: BRIAN C. MCLAIN**ASSISTANT SECRETARY** 02/11/2019_____
Electronic Signature of Signing Officer/Director Detail_____
Date