

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004166

Entity Name: MONTGOMERY MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**175 BERKELEY STREET
BOSTON, MA 02116**Current Mailing Address:**175 BERKELEY STREET
BOSTON, MA 02116**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 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	CEOD
Name	CONDRIAN, J. PAUL III
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116

Title	CFOD
Name	FALLON, MICHAEL J
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116

Title	SEC
Name	LEGG, DEXTER R
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116

Title	CIO
Name	FONTANES, ALEXANDER A
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116

Title	ASEC
Name	KELLEY, KRISTIN L
Address	175 BERKELEY ST
City-State-Zip:	BOSTON MA 02116

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: KRISTIN L. KELLEY**ASST. SECRETARY****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date