

**2019 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 DIRECTOR, PRESIDENT  
Name MACPHEE, JAMES  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title TREASURER  
Name YAHIA, LAURANCE H.S.  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR, SECRETARY  
Name TOUHEY, MARK C  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name DOLAN, MATTHEW P  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name ERBIG, ALISON B  
Address 175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name MCSWEENEY, SEAN B  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

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

Title DIRECTOR  
Name MORAHAN, ELIZABETH J  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

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

**SIGNATURE: MARK C. TOUHEY****SECRETARY****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                HAASE, JULIE M  
Address             175 BERKELEY STREET  
City-State-Zip:    BOSTON MA 02116

Title                 DIRECTOR  
Name                ROBINSON, FRANCIS W  
Address             175 BERKELEY STREET  
City-State-Zip:    BOSTON MA 02116