

2018 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
Name CUNNIFF, CHRISTOPHER
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
Name TOUHEY, MARK C
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title SECRETARY
Name KELLEY, KRISTEN L.
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name CONLIN, KATHLEEN M.
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116

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

Title DIRECTOR
Name MCANENA, STEPHEN 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

Continues on page 2

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: KRISTEN L. KELLEY**SECRETARY****04/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SANFORD, CRAIG K
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116