

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000000180

**Entity Name:** OPUS INVESTMENT MANAGEMENT, INC.**Current Principal Place of Business:**440 LINCOLN STREET  
WORCESTER, MA 01653**Current Mailing Address:**440 LINCOLN STREET  
WORCESTER, MA 01653 US**FEI Number:** 04-2854021**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 DIRECTOR  
Name FARBER, JEFFREY M.  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

Title DIRECTOR  
Name TRIPP, ANN K  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

Title DIRECTOR, VP  
Name HYNEY, SCOTT C.  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

Title PRESIDENT  
Name TRIPP, ANN K  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

Title VPT  
Name PIEL, WILLIAM J  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

Title SECRETARY  
Name MCENTEGART, LYNNE A  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

*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:** LYNNE A. MCENTEGART**SECRETARY****04/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date