

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 809653  
1. Corporation Name

MASSACHUSETTS CASUALTY INSURANCE COMPANY

Principal Place of Business: 711 Atlantic Avenue, Boston MA 02111  
Mailing Address: PO Box 9099, Boston MA 02205-9099

3. Date Incorporated or Qualified: 01-25-54  
3a. Date of Last Report: 09-27-95  
4. FEI Number: 04-1589940  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country  
29. Zip, 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Insurance Commissioner  
Capitol Building  
Tallahassee FL 32301

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent for this corporation

DATE: (Type or print date of signature)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	Lyons, James R.	
STREET ADDRESS	711 Atlantic Avenue	
CITY-ST-ZIP	Boston MA 02111	
TITLE	D	<input type="checkbox"/> DELETE
NAME	McGinness, Robert E.	
STREET ADDRESS	One Sun Life Executive Park	
CITY-ST-ZIP	Wellesley MA 02181-5699	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	Horn, David D.	
STREET ADDRESS	One Sun Life Executive Park	
CITY-ST-ZIP	Wellesley MA 02181-5699	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Gardner, John M	
STREET ADDRESS	150 King Street West	
CITY-ST-ZIP	Toronto, Ontario, Canada M5H 1J9	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Bentley, H. Roy	
STREET ADDRESS	One Sun Life Executive Park	
CITY-ST-ZIP	Wellesley MA 02181-5699	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Mertz, Douglas M.	
STREET ADDRESS	711 Atlantic Avenue	
CITY-ST-ZIP	Boston MA 02111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	

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6-5-96  
AEB

(continued on page 2 attached)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R. Lyons (James R. Lyons)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96 (417) 728-8010  
DATE DATE OF FILING

CR2E034 (12/95)

#809653

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## Massachusetts Casualty Insurance Company

711 Atlantic Avenue, Boston MA 02111

PO Box 9099, Boston MA 02205-9099

Telephone: (617) 728-8000

Florida Charter No. 809653

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### OFFICERS AND DIRECTORS (continued)

Arthur R. McMurrich	D	One Sun Life Executive Park, Wellesley Hills MA 02181
C. James Prieur	D	One Sun Life Executive Park, Wellesley Hills MA 02181
Robert P. Vrolyk	D	One Sun Life Executive Park, Wellesley Hills MA 02181
Robin L. Camara	V	One Sun Life Executive Park, Wellesley Hills MA 02181
Thomas S. Bell	V	711 Atlantic Avenue, Boston MA 02111
Frances T. Marinelli	V	711 Atlantic Avenue, Boston MA 02111
James R. McMullin	V	711 Atlantic Avenue, Boston MA 02111
Robert Scott Park	V	711 Atlantic Avenue, Boston MA 02111
Mark W. DeTora	V	711 Atlantic Avenue, Boston MA 02111
Maurice L. Stewart	V	711 Atlantic Avenue, Boston MA 02111
Alexander H. Young	T/V	711 Atlantic Avenue, Boston MA 02111
Raymond N. Laperle	AT	One Sun Life Executive Park, Wellesley Hills MA 02181
George M. Collins	AT	One Sun Life Executive Park, Wellesley Hills MA 02181
Richard Gordon	AT	One Sun Life Executive Park, Wellesley Hills MA 02181
L. Brock Thomson	AT	One Sun Life Executive Park, Wellesley Hills MA 02181
John N. Whelihan	AT	One Sun Life Executive Park, Wellesley Hills MA 02181
John J. McDonnell	AV	711 Atlantic Avenue, Boston MA 02111
Sean Norton	AV	711 Atlantic Avenue, Boston MA 02111
Cindy S. Granata	AV	711 Atlantic Avenue, Boston MA 02111
P. David Gilbert	AV	711 Atlantic Avenue, Boston MA 02111
Charles F. Vanesian	AT/AV	711 Atlantic Avenue, Boston MA 02111