

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 809653

(9)

1. Corporation Name

MASSACHUSETTS CASUALTY INSURANCE COMPANY

Principal Place of Business

711 ATLANTIC AVENUE
BOSTON MA 02111

Mailing Address

P.O. BOX 8099
BOSTON MA 02205-9099

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1954

4. FEI Number

04-1589940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I hereby 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS ☒ DELETE

NAME LYONS, JAMES R
STREET ADDRESS 711 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA

TITLE D ☐ DELETE

NAME MCGINNNESS, ROBERT E.
STREET ADDRESS ONE SUN LIFE EXECUTIVE PARK
CITY-ST-ZIP WELLESLEY HILLS MA

TITLE DC ☒ DELETE

NAME HORN, DAVID D.
STREET ADDRESS ONE SUN LIFE EXEC PARK
CITY-ST-ZIP WELLESLEY HILLS MA

TITLE D ☒ DELETE

NAME BENTLEY, H. ROY
STREET ADDRESS ONE SUN LIFE EXEC PK
CITY-ST-ZIP WELLESLEY HILLS MA

TITLE V ☒ DELETE

NAME MERTZ, DOUGLAS M.
STREET ADDRESS 711 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V, S ☐ Change ☒ Addition

1.2 NAME GATTO, MICHELE S.
1.3 STREET ADDRESS 711 ATLANTIC AVENUE
1.4 CITY-ST-ZIP BOSTON, MA 02111

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P ☐ Change ☒ Addition

3.2 NAME MCNULTY, JAMES A. 111
3.3 STREET ADDRESS ONE SUN LIFE EXECUTIVE PARK
3.4 CITY-ST-ZIP WELLESLEY HILLS, MA 02181

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME VROLYK, ROBERT P.
4.3 STREET ADDRESS ONE SUN LIFE EXECUTIVE PARK
4.4 CITY-ST-ZIP WELLESLEY HILLS, MA 02181

5.1 TITLE V ☐ Change ☒ Addition

5.2 NAME KINBACK, MARK A.
5.3 STREET ADDRESS 711 ATLANTIC AVENUE
5.4 CITY-ST-ZIP BOSTON, MA 02111

6.1 TITLE T ☐ Change ☒ Addition

6.2 NAME VANESIAN, CHARLES F.
6.3 STREET ADDRESS 711 ATLANTIC AVENUE
6.4 CITY-ST-ZIP BOSTON, MA 02111

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

Charles F. Vanesian

7/2/98

(617) 728-8051

CR2E034 (5/98)

Massachusetts Casualty Insurance Company
Profit Corporation Annual Report
Continuation of item 13:

[illegible]