

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90037 033 ***150.00

DOCUMENT # 809653

1. Corporation Name

MASSACHUSETTS CASUALTY INSURANCE COMPANY

Principal Place of Business

711 ATLANTIC AVENUE
BOSTON MA 02111

Mailing Address

P.O. BOX 9099
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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

☒ DELETE

TITLE VS
NAME GATTO, MICHELE S
STREET ADDRESS 711 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA 02111

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

TITLE P
NAME MCNULTY, JAMES A III
STREET ADDRESS ONE SUN LIFE EXEC PARK
CITY-ST-ZIP WELLESLEY HILLS MA 02181

TITLE D
NAME VROLYK, ROBERT P
STREET ADDRESS ONE SUN LIFE EXEC PK
CITY-ST-ZIP WELLESLEY HILLS MA 02181

TITLE V
NAME KINBACK, MARK A
STREET ADDRESS 711 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA 02111

TITLE T
NAME VANESIAN, CHARLES F
STREET ADDRESS 711 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA 02111

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Sweeney, Eileen Marie
1.3 STREET ADDRESS One Chase Manhattan Plaza
1.4 CITY-ST-ZIP New York, NY 10005

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME Haemmerle, Patricia M.
2.3 STREET ADDRESS One Chase Manhattan Plaza
2.4 CITY-ST-ZIP New York, NY 10005

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Germain, Steven D.
3.3 STREET ADDRESS One Chase Manhattan Plaza
3.4 CITY-ST-ZIP New York, NY 10005

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Pierson, Frank D.
4.3 STREET ADDRESS One Chase Manhattan Plaza
4.4 CITY-ST-ZIP New York, NY 10005

5.1 TITLE V ☐ Change ☒ Addition

5.2 NAME Zail, Howard A.
5.3 STREET ADDRESS One Chase Manhattan Plaza
5.4 CITY-ST-ZIP New York, NY 10005

6.1 TITLE V ☐ Change ☒ Addition

6.2 NAME Wiseblatt, Perry L.
6.3 STREET ADDRESS One Chase Manhattan Plaza
6.4 CITY-ST-ZIP New York, NY 10005

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 212-898-5300
Date Daytime Phone #

CR2E034 (11/98)