

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

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

05-08-1999 90037 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 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
**P.O. BOX 9099
 BOSTON MA 02205-9099**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 84 State Street

2a. Mailing Address
26 One Chase Manhattan Plaza

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 Boston, MA

City & State
28 New York, NY

Zip Country
24 02109 25 U.S.A.

Zip Country
29 10005 30 U.S.A.

3. Date Incorporated or Qualified
01/25/1954

4. FEI Number
04-1589940

Applied For
 Yes 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

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	GATTO, MICHELE S	
STREET ADDRESS	711 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGINNESS, ROBERT E.	
STREET ADDRESS	ONE SUN LIFE EXECUTIVE PARK	
CITY-ST-ZIP	WELLESLEY HILLS MA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCNULTY, JAMES A III	
STREET ADDRESS	ONE SUN LIFE EXEC PARK	
CITY-ST-ZIP	WELLESLEY HILLS MA 02181	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VROLYK, ROBERT P	
STREET ADDRESS	ONE SUN LIFE EXEC PK	
CITY-ST-ZIP	WELLESLEY HILLS MA 02181	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KINBACK, MARK A	
STREET ADDRESS	711 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VANESIAN, CHARLES F	
STREET ADDRESS	711 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wisblatt, 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: *Katherine Harris*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (11/98)