

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90138 012 ***150.00

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01282005 Chg-P CR2E034 (10/03)

DOCUMENT # 812602 1. Entity Name MASSACHUSETTS BAY INSURANCE COMPANY					
Principal Place of Business 440 LINCOLN STREET WORCESTER, MA 01653			Mailing Address 440 LINCOLN STREET WORCESTER, MA 01653		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 04-2217600				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCGIVNEY, MARK C 440 LINCOLN ST WORCESTER, MA 01605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUBER, J. KENDALL 440 LINCOLN ST WORCESTER, MA 01605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAVANAUGH, JOHN P 440 LINCOLN ST WORCESTER, MA 01605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRY, EDWARD J III 440 LINCOLN ST WORCESTER, MA 01605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TRANter, GREGORY D 440 LINCOLN ST WORCESTER, MA 01605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: John Brabazon <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/27/05 Time Phone # (508) 855-2531	

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2003 UNIFORM BUSINESS REPORT
DOCUMENT # 812602
Massachusetts Bay Insurance Company

ATTACHMENT
50046839

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: Mark A. Hug
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

DELETE

TITLE: C
NAME: Frederick H. Eppinger
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: D/P
NAME: Marita Zuraitis
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: S
NAME: Charles F. Cronin
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: VD
NAME: Bruce C. Anderson
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

DELETE

TITLE: DV
NAME: David J. Firstenburg
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DV
NAME: Bonnie K. Haase
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DV
NAME: Cynthia H. Young
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: V
NAME: John E. Brabazon
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605