2007 FOR PROFIT CORPORATION

ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90306 001 ***600.00 **DOCUMENT #812602** 1. Entity Name MASSACHUSETTS BAY INSURANCE COMPANY Principal Place of Business Mailing Address 66009398 440 LINCOLN STREET 440 LINCOLN STREET WORCESTER, MA 01653 WORCESTER, MA 01653 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 04032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 04-2217600 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) Street Address (P.O. Box Number is Not Acceptable) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FL 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. Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete ☐ Addition TITLE TITLE ☐ Change MCGIVNEY, MARK C NAME NAME STREET ADDRESS 440 LINCOLN ST STREET ADDRESS WORCESTER, MA 01605 CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE HUBER, J. KENDALL NAME NAME 440 LINCOLN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WORCESTER, MA 01605 TITLE Defete TITLE Change ☐ Addition KORTHASE, SUSAN S NAME NAME STREET ADDRESS 440 LINCOLN ST STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP WORCESTER, MA 01605 ☐ Delete TITLE Change Addition TITE PARRY, EDWARD J III NAME NAME STREET ADDRESS STREET ADDRESS 440 LINCOLN ST CITY-ST-ZIP WORCESTER, MA 01605 CITY-ST-ZIP

WORCESTER, MA 01605 CITY-ST-7iP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 rice empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TRANTER, GREGORY D

WORCESTER, MA 01605

EPPINGER, FREDERICK H

440 LINCOLN ST

440 LINCOLN ST

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Delete

Date

Daytime Phone #

Change

Change

Addition

Addition

FILED

ATTACHMENT 6600998

2007 UNIFORM BUSINESS REPORT DOCUMENT # 812602 Massuchusetts Bay Insurance Company

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:	DP	
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:	DV	
NAME:	James S. Hyatt	
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	
TITLE:	DV	
NAME:	David J. Firstenburg	
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	
		1
TITLE:	VTD	
NAME:	Mark C. McGivney	
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	CHANGE
TITLE:	D	
NAME:	Edward J. Parry III	
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	CHANGE
		1
TITLE:	D	
NAME:	Bryan D. Allan	
	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	ADDITION