2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90102 001 ***600.00 **DOCUMENT #812602** 1. Entity Name MASSACHUSETTS BAY INSURANCE COMPANY **2000009** Principal Place of Business Mailing Address 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, Apt. #, etc. Suite, Apt. #, etc 04152008 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 04-2217600 Not Applicable \$8.75 Additional Zip 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 Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code City 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 title if applicable INOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Addition TITLE TITLE ☐ Change MCGIVNEY, MARK C NAME NAME 440 LINCOLN ST STREET ADDRESS STREET ADDRESS WORCESTER, MA 01605 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE HUBER, J. KENDALL NAME 440 LINCOLN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WORCESTER, MA 01605 CITY-ST-ZIP DΥ □ Change ☐ Addition TITLE Delete PARRY, EDWARD J III NAME NAME STREET ADDRESS 440 LINCOLN ST STREET ADDRESS CITY-ST-ZIP WORCESTER, MA 01605 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE DV TITLE TRANTER, GREGORY D NAME NAME STREET ADDRESS 440 LINCOLN ST STREET ADDRESS CITY-ST-ZIP WORCESTER, MA 01605 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE EPPINGER, FREDERICK H NAME NAME STREET ADDRESS 440 LINCOLN ST STREET ADDRESS CITY-ST-ZIP WORCESTER, MA 01605 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 like empowered.

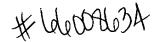
ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

ATTACHMENT

2008 UNIFORM BUSINESS REPORT DOCUMENT # 812602



Massuchusetts Bay Insurance Company

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

DP TITLE: NAME: Marita Zuraitis STREET ADDRESS: 440 Lincoln Street CITY-ST-ZIP: Worcester, MA 01605 S TITLE: NAME: Charles F. Cronin STREET ADDRESS: 440 Lincoln Street CITY-ST-ZIP: Worcester, MA 01605 TITLE: DV David J. Firstenburg NAME: STREET ADDRESS: 440 Lincoln Street Worcester, MA 01605 CITY-ST-ZIP: TITLE: D NAME: Bryan D. Allan STREET ADDRESS: 440 Lincoln Street Worcester, MA 01605 CITY-ST-ZIP: TITLE: D Eugene M. Bullis NAME: STREET ADDRESS: 440 Lincoln Street CITY-ST-ZIP: Worcester, MA 01605 **ADDITION** TV TITLE: Robert P. Myron NAME: STREET ADDRESS: 440 Lincoln Street CITY-ST-ZIP: Worcester, MA 01605 **ADDITION** VD TITLE: James S. Hyatt NAME: STREET ADDRESS: 440 Lincoln Street CITY-ST-ZIP: Worcester, MA 01605 **ADDITION**