

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 821734

1. Entity Name
FACTORY MUTUAL INSURANCE COMPANY



Principal Place of Business

**1301 ATWOOD AVENUE
JOHNSTON, RI 02919**

Mailing Address

**1301 ATWOOD AVENUE
JOHNSTON, RI 02919**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0316605

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUNT, JOHN E., JR
325 KNOX ROAD
BLDG. G, SUITE 101
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000583506
01/11/07-80074-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUBRAMANIAM, SHIVAN S.
STREET ADDRESS	155 GROTTA AVE
CITY-ST-ZIP	PROVIDENCE, RI 02906
TITLE	VS
NAME	POMEROY, JOHN J.
STREET ADDRESS	190 PHEASANT RUN
CITY-ST-ZIP	SAUNDERSTOWN, RI 02874
TITLE	VT
NAME	MEKRUT, WILLIAM A
STREET ADDRESS	4 FAIR OAKS DR
CITY-ST-ZIP	LINCOLN, RI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

John J. Pomeroy
John J. Pomeroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2007
Date

401-275-3000
Daytime Phone #