

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821734

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: FACTORY MUTUAL INSURANCE COMPANY

## Current Principal Place of Business:

1301 ATWOOD AVENUE  
JOHNSTON, RI 02919

## New Principal Place of Business:

## Current Mailing Address:

1301 ATWOOD AVENUE  
JOHNSTON, RI 02919

## New Mailing Address:

1301 ATWOOD AVENUE  
PO BOX 7500  
JOHNSTON, RI 02919

FEI Number: 05-0316605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICE  
P.O. BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399 US

## Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICE  
200 E. GAINES ST  
TALLAHASSEE, FL 32399 US

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.

SIGNATURE:

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SUBRAMANIAM, SHIVAN, S.  
Address: 155 GROTTA AVE  
City-St-Zip: PROVIDENCE, RI 02906

Title: VS ( ) Delete  
Name: POMEROY, JOHN J.  
Address: 190 PHEASANT RUN  
City-St-Zip: SAUNDERSTOWN, RI 02874

Title: VT ( ) Delete  
Name: MEKRUT, WILLIAM A  
Address: 4 FAIR OAKS DR  
City-St-Zip: LINCOLN, RI

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SUBRAMANIAM, SHIVAN S  
Address: 155 GROTTA AVE  
City-St-Zip: PROVIDENCE, RI 02906

Title: VS (X) Change ( ) Addition  
Name: POMEROY, JOHN J  
Address: 190 PHEASANT RUN  
City-St-Zip: SAUNDERSTOWN, RI 02874

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. POMEROY/JOAN A. PELINO

VP

01/09/2008

Electronic Signature of Signing Officer or Director

Date