

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821734

FILED
Jan 05, 2011
Secretary of State

Entity Name: FACTORY MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

270 CENTRAL AVENUE
JOHNSTON, RI 02919

New Principal Place of Business:

Current Mailing Address:

270 CENTRAL AVENUE
JOHNSTON, RI 02919

New Mailing Address:

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
200 E. GAINES ST
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP&S
Name: POMEROY, JOHN J
Address: 190 PHEASANT RUN
City-St-Zip: SAUNDERSTOWN, RI 02874

Title: VP&T
Name: MEKRUT, WILLIAM A
Address: 4 FAIR OAKS DR
City-St-Zip: LINCOLN, RI

I hereby 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 all other like empowered.

SIGNATURE: JOHN J. POMEROY

VP&S

01/05/2011

Electronic Signature of Signing Officer or Director

Date