

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003105

FILED
Apr 13, 2012
Secretary of State

Entity Name: FIDELITY EMPLOYER INSURANCE SERVICES, INC.

Current Principal Place of Business:

82 DEVONSHIRE STREET
F7B
BOSTON, MA 02109 US

New Principal Place of Business:

Current Mailing Address:

82 DEVONSHIRE STREET, #F7B
BOSTON, MA 02109 US

New Mailing Address:

FEI Number: 02-0526378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: KIMLER, BRADFORD
Address: 82 DEVONSHIRE STREET BOSTON MA 02109 US
City-St-Zip: BOSTON, MA 02109 US

Title: D
Name: HALEY, JOHN F. JR.
Address: 82 DEVONSHIRE STREET BOSTON MA 02109 US
City-St-Zip: BOSTON, MA 02109 US

Title: T
Name: MCGILLICUDDY, THOMAS
Address: 82 DEVONSHIRE STREET BOSTON MA 02109 US
City-St-Zip: BOSTON, MA 02109 US

Title: S
Name: STAHL (ASSISTANT), PETER D.
Address: 82 DEVONSHIRE STREET BOSTON MA 02109
City-St-Zip: BOSTON, MA 02109 US

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: PETER D. STAHL (ASSISTANT)

S

04/13/2012

Electronic Signature of Signing Officer or Director

Date