

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90017 038 \*\*\*158.75

<b>DOCUMENT # F07000006187</b>					
<b>1. Entity Name</b> THE SAVINGS BANK LIFE INSURANCE COMPANY OF MASSACHUSETTS					
<b>Principal Place of Business</b> 1 LINSKOTT ROAD WOBURN, MA 01801			<b>Mailing Address</b> 1 LINSKOTT ROAD WOBURN, MA 01801		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 04-3117253	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  CHIEF FINANCIAL OFFICER OFFICE OF INSURANCE REGULATION 200 E GAINES ST TALLAHASSEE, FL 32399			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>  SIGNATURE <u>NOT REQUIRED</u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PCEO SHERIDAN, ROBERT K 1 LINSKOTT ROAD WOBURN, MA 01801	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TC MULLIGAN, GERALD T 30 MASSACHUSETTS AVE NORTH ANDOVER, MA 018453460	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VCFO LORING, JAMES P 1 LINSKOTT ROAD WOBURN, MA 01801	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PCEO MULLIGAN, GERALD T 30 MASSACHUSETTS AVE NORTH ANDOVER, MA 018453460	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPAGNE, KEVIN G 345 THAMES ST UNIT N-505 BRISTOL, RI 02809	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	C CONNELLY, ARTHUR R 1530 MAIN STREET SOUTH WEYMOUTH, MA 02190	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PCEO CONNORS, MARTIN F JR 780 MAIN STREET FITCHBURG, MA 01420	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D	
<b>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, 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.</b>					
<b>SIGNATURE</b> <u>JAMES P LORING</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/23/08 (781)994 5444 Date Daytime Phone #		