

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006187

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE SAVINGS BANK LIFE INSURANCE COMPANY OF MASSACHUSETTS

Current Principal Place of Business:

1 LINSKOTT ROAD
WOBURN, MA 01801

New Principal Place of Business:

Current Mailing Address:

1 LINSKOTT ROAD
WOBURN, MA 01801

New Mailing Address:

FEI Number: 04-3117253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
OFFICE OF INSURANCE REGULATION
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SHERIDAN, ROBERT K
Address: 1 LINSKOTT ROAD
City-St-Zip: WOBURN, MA 01801

Title: VCFO () Delete
Name: LORING, JAMES P
Address: 1 LINECOTT RD
City-St-Zip: WOBURN, MA 01801

Title: D () Delete
Name: MULLIGAN, GERALD T
Address: 30 MASSACHUSETTS AVE
City-St-Zip: NORTH ANDOVER, MA 018453460

Title: D () Delete
Name: CHAMPAGNE, KEVIN G
Address: 345 THAMES ST UNIT N-505
City-St-Zip: BRISTOL, RI 02809

Title: D () Delete
Name: CONNELLY, ARTHUR R
Address: 1530 MAIN STREET
City-St-Zip: SOUTH WEYMOUTH, MA 02190

Title: D () Delete
Name: CONNORS, MARTIN F JR
Address: 780 MAIN STREET
City-St-Zip: FITCHBURG, MA 01420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JASON BRUSH

AVP

04/07/2009

Electronic Signature of Signing Officer or Director

Date