

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006187

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** THE SAVINGS BANK LIFE INSURANCE COMPANY OF MASSACHUSETTS

**Current Principal Place of Business:**

1 LINS COTT ROAD  
WO BURN, MA 01801

**New Principal Place of Business:**

**Current Mailing Address:**

1 LINS COTT ROAD  
WO BURN, MA 01801

**New Mailing Address:**

**FEI Number:** 04-3117253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** SHERIDAN, ROBERT K  
**Address:** 1 LINS COTT ROAD  
**City-St-Zip:** WO BURN, MA 01801

**Title:** VCFO  
**Name:** ROBINSON, RICHARD A  
**Address:** 1 LINS COTT RD  
**City-St-Zip:** WO BURN, MA 01801

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

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

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

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

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 S. JASKUL

AVP

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date