

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004166

FILED
Apr 29, 2010
Secretary of State

Entity Name: MONTGOMERY MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

6230 OLD DOBBIN LANE SUITE 200
COLUMBIA, MD 21045

New Principal Place of Business:

Current Mailing Address:

175 BERKELEY STREET
BOSTON, MA 02116

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
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: CEO
Name: GREGG, GARY R
Address: 175 BERKELEY STREET
City-St-Zip: BOSTON, MA 02109

Title: CFOD
Name: FALLON, MICHAEL J
Address: 175 BERKELEY STREET
City-St-Zip: BOSTON, MA 02109

Title: SEC
Name: LEGG, DEXTER R
Address: 175 BERKELEY STREET
City-St-Zip: BOSTON, MA 02109

Title: CIOD
Name: FONTANES, ALEXANDER A
Address: 175 BERKELEY STREET
City-St-Zip: BOSTON, MA 02109

Title: ASEC
Name: CIOTTI, KRISTIN K
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, M 02116

Title: COOD
Name: GOODBY, SCOTT R
Address: 175 BERKELEY STREET
City-St-Zip: BOSTON, MA 02109

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: KRISTIN K. CIOTTI

ASEC

04/29/2010

Electronic Signature of Signing Officer or Director

Date