2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2010
Secretary of State

DOCUMENT# F08000004867

Entity Name: VERLAN FIRE INSURANCE COMPANY

Current Principal Place of Business:

440 LINCOLN STREET
WORCESTER, MA 01653

New Principal Place of Business:

Current Mailing Address:

440 LINCOLN STREET
WORCESTER, MA 01653

New Mailing Address:

FEI Number: 52-0903682 **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: DVAS
Name: HUBER, J. KENDALL
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653

Title: D
Name: FIRSTENBERG, DAVID J
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653

Title: S
Name: CRONIN, CHARLES F
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653

Title: D
Name: BENSINGER, STEVEN J
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653

Title: D
Name: ROBINSON, ANDREW S
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653

Title: VT
Name: MYRON, ROBERT P
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653

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: CHARLES F. CRONIN S 05/20/2010

Electronic Signature of Signing Officer or Director — Date