

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P20707

FILED
Dec 10, 2013
Secretary of State

Entity Name: HOMESITE INSURANCE COMPANY

Current Principal Place of Business:

9300 ARROWPOINT BLVD.
P. O. BOX 1000
CHARLOTTE, NC 28201 US

New Principal Place of Business:

C T CORPORATION SYSTEM
ONE CORPORATE CENTER
HARTFORD, CT 06103 US

Current Mailing Address:

9300 ARROWPOINT BLVD.
P. O. BOX 1000
CHARLOTTE, NC 28201 US

New Mailing Address:

ONE FEDERAL STREET
4TH FLOOR
BOSTON, MA 02110 US

FEI Number: 06-1125462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCEO
Name: FONDRIEST, FABIAN J
Address: ONE FEDERAL STREET, 4TH FLOOR
City-St-Zip: BOSTON, MA 02110

Title: DSVF
Name: SCAVONGELLI, ANTHONY M.
Address: ONE FEDERAL STREET, 4TH FLOOR
City-St-Zip: BOSTON, MA 02110

Title: PD
Name: BATTING, DOUGLAS A
Address: ONE FEDERAL STREET, 4TH FLOOR
City-St-Zip: BOSTON, MA 02110

Title: DCFO
Name: LORION, MICHAEL D
Address: ONE FEDERAL STREET, 4TH FLOOR
City-St-Zip: BOSTON, MA 02110

Title: SVP
Name: SETTEL, PETER B
Address: ONE FEDERAL STREET, 4TH FLOOR
City-St-Zip: BOSTON, MA 02110

Title: EVP
Name: MCELWEE, ANDREW A JR
Address: ONE FEDERAL STREET, 4TH FLOOR
City-St-Zip: BOSTON, MA 02110

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: ANTHONY M. SCAVONGELLI

DSVP

12/10/2013

Electronic Signature of Signing Officer or Director

Date