

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117976

Entity Name: HOMESITE INSURANCE COMPANY OF FLORIDA**Current Principal Place of Business:**ONE NORTH OLD STATE CAPITOL PLAZA
SUITE 501
SPRINGFIELD, IL 62701**Current Mailing Address:**ONE FEDERAL STREET, 4TH FLOOR
BOSTON, MA 02110 US**FEI Number:** 04-3489719**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:** ANTHONY M. SCAVONGELLI

03/12/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRESIDENT, DIRECTOR
Name MCELWEE, ANDREW A JR.
Address ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip: BOSTON MA 02110

Title EXECUTIVE VP
Name CONTI, CHRISTOPHER L
Address ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip: BOSTON MA 02110

Title VP, DIRECTOR
Name MORAHAN, JAMES T JR.
Address ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip: BOSTON MA 02110

Title EXECUTIVE VP, SECRETARY,
GENERAL COUNSEL, DIRECTOR
Name SCAVONGELLI, ANTHONY M
Address ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip: BOSTON MA 02110

Title SR. VP, CFO, DIRECTOR
Name LORION, MICHAEL D
Address ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip: BOSTON MA 02110

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

Title DIRECTOR
Name SOUTHWORTH, MIKE T
Address ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip: BOSTON MA 02110

Continues on page 2

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

SECRETARY

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WITSMAN, SAMUEL J
Address ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip: BOSTON MA 02110

Title SR. VP
Name HANSON, MISHTHI G.
Address ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name RIGBY, TIMOTHY J.
Address ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip: BOSTON MA 02110

Title ASST. SECRETARY
Name FIDLER, MAUREEN
Address ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip: BOSTON MA 02110

Title VP, DIRECTOR
Name PFAHLER, DAVID M.
Address ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip: BOSTON MA 02110

Title ASST. TREASURER
Name VAN BEEK, TROY P.
Address 6000 AMERICAN PARKWAY
City-State-Zip: MADISON WI 53783