2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2013
Secretary of State
CC3161881169

DOCUMENT# P00000117976

Entity Name: HOMESITE INSURANCE COMPANY OF FLORIDA

Current Principal Place of Business:

301 SOUTH BRONOUGH ST.
STE. 200
TALLAHASSEE, FL 32301

Current Mailing Address:

99 BEDFORD STREET
BOSTON, MA 02111 US

FEI Number: 04-3489719

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DCEO
Name	FONDRIEST, FABIAN J
Address	99 BEDFORD ST.
City-State-Zip:	BOSTON MA 02111

Title	DSVP, SECRETARY
Name	SCAVONGELLI, ANTHONY M
Address	99 BEDFORD ST.
City-State-Zip:	BOSTON MA 02111

Title	DCFO, SVP
Name	LORION, MICHAEL D
Address	99 BEDFORD STREET
City-State-Zip:	BOSTON MA 02111

Title	SVP
Name	SETTEL, PETER B
Address	99 BEDFORD STREET
City-State-Zip:	BOSTON MA 02111

Title	DP
Name	BATTING, DOUGLAS A
Address	99 BEDFORD ST.
City-State-Zip:	BOSTON MA 02111

Title	EVP
Name	MCELWEE, ANDREW A JR.
Address	99 BEDFORD STREET
City-State-Zip:	BOSTON MA 02111

Title	SVP
Name	CONTI, CHRISTOPHER L
Address	99 BEDFORD STREET
City-State-Zip:	BOSTON MA 02111

Title	VP
Name	MORAHAN, JAMES T JR.
Address	99 BEDFORD STREET
City-State-Zip:	BOSTON MA 02111

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 DSVP, SECRETARY 04/24/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	RINEHART, JENNIFER L
Address	99 BEDFORD STREET
City-State-Zip:	BOSTON MA 02111

Title	DIRECTOR
Name	FLAHERTY, KENNETH F
Address	99 BEDFORD STREET
City-State-Zip:	BOSTON MA 02111

Title	DIRECTOR
Name	WITSMAN, SAMUEL J
Address	99 BEDFORD STREET
City-State-Zip:	BOSTON MA 02111

Title	VP
Name	STAYTON, STEPHEN D
Address	99 BEDFORD STREET
City-State-Zip:	BOSTON MA 02111

Title	DIRECTOR
Name	SOUTHWORTH, MIKE T
Address	99 BEDFORD STREET
City-State-Zip:	BOSTON MA 02111