2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2016
Secretary of State
CC6001059967

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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 04/14/2016

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	SR. 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	FLAHERTY, KENNETH F
Address	ONE FEDERAL STREET, 4TH FLOOR
City-State-Zip:	BOSTON MA 02110

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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 EXECUTIVE VP AND SECRETARY 04/14/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SOUTHWORTH, MIKE T
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	CHIARO, MARTIN T.
Address	6000 AMERICAN PARKWAY
City-State-Zip:	MADISON WI 53783

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