

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 821734

**Entity Name:** FACTORY MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

270 CENTRAL AVENUE  
JOHNSTON, RI 02919

**Current Mailing Address:**

270 CENTRAL AVENUE  
JOHNSTON, RI 02919 US

**FEI Number:** 05-0316605

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399 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	P	Title	SVP&S
Name	LAWSON, THOMAS A	Name	MISHARA, JONATHAN I
Address	270 CENTRAL AVENUE	Address	145 WOODRIDGE ROAD
City-State-Zip:	JOHNSTON RI 02919	City-State-Zip:	WAYLAND MA 01778
Title	VP&T		
Name	CAVE, JOY		
Address	79 LISBON ROAD		
City-State-Zip:	CANTERBURY CT 06331		

*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:** JONATHAN I MISHARA

**SECRETARY**

**01/18/2017**

Electronic Signature of Signing Officer/Director Detail

Date