

2019 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
Name LAWSON, THOMAS A
Address 270 CENTRAL AVENUE
City-State-Zip: JOHNSTON RI 02919

Title SVP&S
Name MISHARA, JONATHAN I
Address 270 CENTRAL AVENUE
City-State-Zip: JOHNSTON RI 02919

Title VP&T
Name HEBERT, DENISE A.
Address 270 CENTRAL AVENUE
City-State-Zip: JOHNSTON RI 02919

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

SVP & SECRETARY

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date