

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002882

**Entity Name:** EDUCATORS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

440 LINCOLN STREET  
WORCESTER, MA 01653

**Current Mailing Address:**

440 LINCOLN STREET  
WORCESTER, MA 01653

**FEI Number: 27-2400275**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR, EVP, ASST. SECRETARY  
Name HUBER, J. KENDALL  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

Title DIRECTOR, PRESIDENT  
Name LAVEY, RICHARD W  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

Title TREASURER, VP  
Name FURMAN, ANDREW C  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

Title SECRETARY, VP  
Name CRONIN, CHARLES F  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

Title DIRECTOR  
Name ZURAITIS, MARITA  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

Title CFO, EVP  
Name GREENFIELD, DAVID B  
Address 440 LINCOLN STREET  
City-State-Zip: WORCESTER MA 01653

*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: CHARLES F. CRONIN**

**SECRETARY**

**04/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date