No. <b>C 180084</b>		Due no later than Sep 30, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CT CORPOR	CT CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HOMESITE INSURANCE AGENCY, INC.  REBECCA BUCHANAN-MACKIE  99 BEDFORD ST		BOISE ID USA				
NO FILING FEE IF RECEIVED BY DUE DATE		BOSTON MA 02111-2221			3. New Registered Agent Signature:*			
200		ess Addresses of Presi	dent, Secretary, and Directors. Trea		<b>C</b> 1 1		D	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR		. SCAVONGELLI	99 BEDFORD ST	BOSTON	MA	USA	02111-2221	
DIRECTOR MICHAEL D. LORION			99 BEDFORD ST	BOSTON	MA	USA	02111-2221	
DIRECTOR FABIAN J. FONDRIEST		99 BEDFORD ST	BOSTON	MA	USA	02111-2221		
DIRECTOR	DOUGLAS A.		99 BEDFORD ST	BOSTON	MA	USA	02111-2221	
PRESIDENT	DOUGLAS A.		99 BEDFORD ST	BOSTON	MA	USA	02111-2221	
SECRETARY	ANTHONY M	. SCAVONGELLI	99 BEDFORD ST	BOSTON	MA	USA	02111-2221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
MA		Signature: Anthon		Date: 07/21/2011				
C 180084		Name (type or print): Anthony M. Scavongelli Title				e: Secretary		
Processed 07/21/2011		* Electronically provid	ed signatures are accepted as origir	nal signatures.				