No. C 180084		Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOMESITE INSURANCE AGENCY, INC. LAUREN JOHNSON ONE FEDERAL STREET BOSTON MA 02110		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busin		oss Addrossos of Brosi	Ident Secretary and Directors Treasurer	(optional)			
Office Held	Name	ess Addresses of Presi	Street or PO Address	City	State	Country	Postal Code
PRESIDENT SECRETARY DIRECTOR DIRECTOR DIRECTOR	ANDREW A. ANTHONY M		ONE FEDERAL STREET, 4TH FLOOR	BOSTON BOSTON BOSTON BOSTON BOSTON	MA MA MA MA MA	USA USA USA USA USA	02110 02110 02110 02110 02110 02110
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
MA C 180084		Signature: Anthon	Date: 08/27/2014				
		Name (type or print): Anthony M. Scavongelli			Title: Secretary		
Processed 08/27/2014		* Electronically provid	ed signatures are accepted as original sig	natures.		·	