

1.) CORPORATION NAME:

**Homesite Insurance Company**

DUE DATE: **3/31/2011**

SCC ID NO: **F0505463**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 99 BEDFORD ST

CITY/ST/ZIP: BOSTON, MA 02111-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CHRISTOPHER L. CONTI  
TITLE: VICE PRESIDENT  
ADDRESS: 99 BEDFORD ST.  
CITY/ST/ZIP/CO: BOSTON, MA 02111-

OFFICER

DIRECTOR

NAME: KENNETH FLAHERTY  
TITLE: DIRECTOR  
ADDRESS: 99 BEDFORD ST.  
CITY/ST/ZIP/CO: BOSTON, MA 02111-

OFFICER

DIRECTOR

NAME: DOUGLAS A. BATTING  
TITLE: PRESIDENT  
ADDRESS: 99 BEDFORD ST  
CITY/ST/ZIP/CO: BOSTON, MA 02111-

OFFICER

DIRECTOR

NAME: FABIAN J. FONDRIEST  
TITLE: CHAIRMAN & CEO  
ADDRESS: 99 BEDFORD ST  
CITY/ST/ZIP/CO: BOSTON, MA 02111-

OFFICER

DIRECTOR

NAME: MICHAEL D. LORION  
TITLE: VICE PRESIDENT  
ADDRESS: 99 BEDFORD ST.  
CITY/ST/ZIP/CO: BOSTON, MA 02111-

OFFICER

DIRECTOR

NAME: ALEX PUNSALAN TITLE: VICE PRESIDENT ADDRESS: 99 BEDFORD ST. CITY/ST/ZIP/CO: BOSTON, MA 02111-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MIKE T. SOUTHWORTH TITLE: DIRECTOR ADDRESS: 99 BEDFORD ST. CITY/ST/ZIP/CO: BOSTON, MA 02111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SAMUEL J. WITSMAN TITLE: DIRECTOR ADDRESS: 99 BEDFORD ST. CITY/ST/ZIP/CO: BOSTON, MA 02111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANTHONY M. SCAVONGELLI TITLE: VP/GEN COUN/SEC ADDRESS: 99 BEDFORD ST CITY/ST/ZIP/CO: BOSTON, MA 02111-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ ANTHONY M. SCAVONGELLI</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ANTHONY M. SCAVONGELLI,</u> VP/GEN COUN/SEC PRINTED NAME AND CORPORATE TITLE	<u>2/3/2011</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		