

1.) CORPORATION NAME:

Homesite Insurance Company

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0505463**

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:	DOUGLAS A. BATTING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	99 BEDFORD ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02111		
NAME:	CHRISTOPHER L. CONTI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	99 BEDFORD ST.		
CITY/ST/ZIP/CO:	BOSTON, MA 02111		
NAME:	MICHAEL D. LORION	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	99 BEDFORD ST.		
CITY/ST/ZIP/CO:	BOSTON, MA 02111		
NAME:	ANTHONY M. SCAVONGELLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/GEN COUN/SEC		
ADDRESS:	99 BEDFORD ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02111		
NAME:	FABIAN J. FONDRIEST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	99 BEDFORD ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02111		
NAME:	KENNETH FLAHERTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	99 BEDFORD ST.		
CITY/ST/ZIP/CO:	BOSTON, MA 02111		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE T. SOUTHWORTH DIRECTOR 99 BEDFORD ST. BOSTON, MA 02111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL J. WITSMAN DIRECTOR 99 BEDFORD ST. BOSTON, MA 02111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES T. MORAHAN, JR. PRESIDENT 99 BEDFORD ST. 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.			
/s/ ANTHONY M. SCAVONGELLI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANTHONY M. SCAVONGELLI, VP/GEN COUN/SEC PRINTED NAME AND CORPORATE TITLE	3/11/2013 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.			