

1.) CORPORATION NAME:

DUE DATE: **3/31/2014**

Homesite Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0505463**

**CORPORATION SERVICE COMPANY
1111 EAST MAIN STREET
RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: One Federal Street, 4th Floor
CITY/ST/ZIP: Boston, MA 02110

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 TITLE: PRESIDENT ADDRESS: One Federal Street, 4th Floor CITY/ST/ZIP/CO: Boston, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES T. MORAHAN, JR. TITLE: VICE PRESIDENT ADDRESS: One Federal Street, 4th Floor CITY/ST/ZIP/CO: Boston, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER L. CONTI TITLE: VICE PRESIDENT ADDRESS: One Federal Street, 4th Floor CITY/ST/ZIP/CO: Boston, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL D. LORION TITLE: CFO ADDRESS: One Federal Street, 4th Floor CITY/ST/ZIP/CO: Boston, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANTHONY M. SCAVONGELLI TITLE: VP/GEN COUN/SEC ADDRESS: One Federal Street, 4th Floor CITY/ST/ZIP/CO: Boston, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FABIAN J. FONDRIEST TITLE: CHAIRMAN/CEO ADDRESS: One Federal Street, 4th Floor CITY/ST/ZIP/CO: Boston, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH FLAHERTY DIRECTOR One Federal Street, 4th Floor Boston, MA 02110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE T. SOUTHWORTH DIRECTOR One Federal Street, 4th Floor Boston, MA 02110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL J. WITSMAN DIRECTOR One Federal Street, 4th Floor Boston, MA 02110	<input 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	3/27/2014 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.			