

1.) CORPORATION NAME:

BMIC Service Corp.

DUE DATE: **10/31/2011**

SCC ID NO: **F1312000**

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

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	8,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

RI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE BEACON CENTRE

CITY/ST/ZIP: WARWICK, RI 02886-

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:	JAMES V ROSATI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	ONE BEACON CENTRE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-		
NAME:	BRIAN J. SPERO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC/VP		
ADDRESS:	ONE BEACON CENTRE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-		
NAME:	CLIFFORD L PARENT JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	ONE BEACON CENTRE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-		
NAME:	CYNTHIA LEE LAWLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE BEACON CENTRE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-		
NAME:	H ROBERT BACON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE BEACON CENTRE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-		

NAME: RAYMOND COIA TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MCHAEAL LYNCH TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL SACCUCCI TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN TREANOR TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL RUGGIERI TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES J FOGARTY TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SR M THERESA ANTONE TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02885-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: THERESA J KEEGAN TITLE: VICE PRESIDENT ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RICHARD J DERIENZO TITLE: DIRECTOR ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886-	<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/ BRIAN J. SPERO	BRIAN J. SPERO, ASST SEC/VP	10/4/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.