

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212514593
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1.) CORPORATION NAME: <b>Middlesex Mutual Assurance Company</b>	DUE DATE: <b>5/31/2012</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 301          GLEN ALLEN, VA 23060-6802</b>	SCC ID NO: <b>F1424482</b>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 213 COURT STREET

CITY/ST/ZIP: MIDDLETOWN, CT 06457

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: BARBARA A BAURER TITLE: PRESIDENT ADDRESS: 1701 N TOWANDA AVE CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DAVE MAGERS TITLE: SR VP/CFO ADDRESS: 1701 N TOWANDA AVE CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JAMES JACOBS TITLE: S/GC ADDRESS: 1701 TOWANDA AVE CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: Kurt F Bock TITLE: CHAIRMAN ADDRESS: 1701 N TOWANDA AVE CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MATTHEW J KOPFF TITLE: ASST CONTROLLER ADDRESS: 1711 GE RD CITY/ST/ZIP/CO: BLOOMINGTON, IL 61704	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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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/ MATTHEW J KOPFF SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATTHEW J KOPFF, ASST CONTROLLER PRINTED NAME AND CORPORATE TITLE	4/23/2012 DATE
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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.