

1.) CORPORATION NAME: Middlesex Mutual Assurance Company	DUE DATE: 5/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1424482
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: CT	

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
NAME: MILES KILCOIN TITLE: VICE PRESIDENT ADDRESS: 1711 GE RD CITY/ST/ZIP/CO: BLOOMINGTON, IL 61704	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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
NAME: Kurt 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

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/ MILES KILCOIN	MILES KILCOIN, VICE PRESIDENT	4/18/2014
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.