

1.) CORPORATION NAME: <b>Middlesex Mutual Assurance Company</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY          BANK OF AMERICA CENTER, 16TH FLOOR          1111 EAST MAIN STREET          RICHMOND, VA</b>	DUE DATE: <b>5/31/2016</b> SCC ID NO: <b>F1424482</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		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>			
4.) STATE OR COUNTRY OF INCORPORATION: <b>CT</b>			

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 213 COURT STREET  CITY/ST/ZIP: MIDDLETOWN, CT 06457	
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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: 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	4/22/2016
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.