

1.) CORPORATION NAME:

**The Savings Bank Life Insurance Company
of Massachusetts**

DUE DATE: **11/30/2012**

SCC ID NO: **F1490764**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**E. FORD STEPHENS
CHRISTIAN & BARTON LLP
909 EAST MAIN STREET, SUITE 1200

RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	34
COMB	450,069

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 LINSCOTT RD

CITY/ST/ZIP: WOBURN, MA 01801

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:	CHRISTOPHER H PINKERTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	SBLI OF MASSACHUSETTS 1 LINSCOTT RD WOBURN, MA 01801		
CITY/ST/ZIP/CO:			
NAME:	JAMES A MORGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/TREAS/CIO		
ADDRESS:	SBLI OF MASSACHUSETTS ONE LINSCOTT RD WOBURN, MA 01801		
CITY/ST/ZIP/CO:			
NAME:	RICHARD A ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	SBLI OF MASSACHUSETTS 1 LINSCOTT RD WOBURN, MA 01801		
CITY/ST/ZIP/CO:			
NAME:	MARYBETH P LEARY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CORP CLERK		
ADDRESS:	SBLI OF MASSACHUSETTS 1 LINSCOTT RD WOBURN, MA 01801		
CITY/ST/ZIP/CO:			
NAME:	GERALD T MULLIGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	SBLI OF MASSACHUSETTS 1 LINSCOTT RD WOBURN, MA 01801		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN G CHAMPAGNE DIRECTOR SBLI OF MASSACHUSETTS 1 LINSKOTT RD WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. W DUNLAEVY DIRECTOR SBLI OF MASSACHUSETTS 1 LINSKOTT RD WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J MCCOOL DIRECTOR SBLI OF MASSACHUSETTS 1 LINSKOTT RD WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER J SEGERSTROM DIRECTOR SBLI OF MASSACHUSETTS 1 LINSKOTT RD WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR R CONNELLY DIRECTOR SBLI OF MASSACHUSETTS 1 LINSKOTT RD WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES D EGAN DIRECTOR SBLI OF MASSACHUSETTS 1 LINSKOTT RD WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM H MITCHELSON DIRECTOR SBLI OF MASSACHUSETTS 1 LINSKOTT RD WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT K SHERIDAN DIRECTOR SBLI OF MASSACHUETTS 1 LINSKOTT RD WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN F CONNORS DIRECTOR SBLI OF MASSACHUSETTS 1 LINSKOTT RD WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F HEAPS DIRECTOR SBLI OF MASSACHUSETTS 1 LINSKOTT RD WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: STEVEN H WRIGHT TITLE: DIRECTOR ADDRESS: SBLI OF MASSACHUSETTS 1 LINSCOTT RD CITY/ST/ZIP/CO: WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN G CROWE TITLE: DIRECTOR ADDRESS: SBLI OF MASSACHUSETTS 1 LINSCOTT RD CITY/ST/ZIP/CO: WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT S KARAM TITLE: DIRECTOR ADDRESS: SBLI OF MASSACHUSETTS 1 LINSCOTT RD CITY/ST/ZIP/CO: WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH A POIRIER TITLE: DIRECTOR ADDRESS: SBLI OF MASSACHUSETTS 1 LINSCOTT RD CITY/ST/ZIP/CO: WOBURN, MA 01801	<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/ RICHARD A ROBINSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD A ROBINSON, SVP/CFO PRINTED NAME AND CORPORATE TITLE	11/30/2012 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.		