

1.) CORPORATION NAME:

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

DUE DATE: **11/30/2013**

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**

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 LINS COTT 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 LINS COTT 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 LINS COTT 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 LINS COTT 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 LINS COTT 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 LINS COTT 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:	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:	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:	STEPHEN G CROWE 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:	JOHN F HEAPS 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 S KARAM 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:	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:	PETER J SEGERSTROM DIRECTOR SBLI OF MASSACHUSETTS 1 LINSKOTT RD WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	ROBERT K SHERIDAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SBLI OF MASSACHUETTS		
CITY/ST/ZIP/CO:	1 LINSCOTT RD WOBURN, MA 01801		

NAME:	STEVEN H WRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SBLI OF MASSACHUSETTS		
CITY/ST/ZIP/CO:	1 LINSCOTT RD WOBURN, MA 01801		

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	RICHARD A ROBINSON, SVP/CFO	11/25/2013
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.