

1.) CORPORATION NAME:

Hancock Natural Resource Group, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 EAST MAIN STREET**

SCC ID NO: **F1918897**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 99 HIGH STREET, 26TH FLOOR

CITY/ST/ZIP: BOSTON, MA 02110

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:	DANIEL P CHRISTENSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	99 HIGH STREET, 26TH FLOOR		
CITY/ST/ZIP/CO:	BOSTON, MA 02110		
NAME:	WARREN THOMSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	99 HIGH STREET, 26TH FLOOR		
CITY/ST/ZIP/CO:	BOSTON, MA 02110		
NAME:	KEVIN ADOLPHE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	99 HIGH STREET, 26TH FLOOR		
CITY/ST/ZIP/CO:	BOSTON, MA 02110		
NAME:	MARC CONSTANTINI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	99 HIGH STREET, 26TH FLOOR		
CITY/ST/ZIP/CO:	BOSTON, MA 02110		
NAME:	JANICE LARGESSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	99 HIGH STREET, 26TH FLOOR		
CITY/ST/ZIP/CO:	BOSTON, MA 02110		
NAME:	OLIVER S. WILLIAMS IV	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	99 HIGH STREET, 26TH FLOOR		
CITY/ST/ZIP/CO:	BOSTON, MA 02110		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN SMITH PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE MCKNIGHT COO 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM E. PERESSINI CFO 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COURTLAND L. WASHBURN CIO 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL RIVARD SENIOR VP 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATIE AMRHEIN VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PABLO ARMAND-UGON VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH BALTER VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY CAYEN VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN DAVIS VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY ENGEL VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT ESTEY VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLEEN GREENWOOD ASST TREASURER 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENT KEEFER VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID KIMBROUGH VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY KOELKER ASST TREASURER 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN LOLLIS VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA FRANKEL GENERAL COUNSEL 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN PERDA VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS SARNO VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A. WOLF VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRIS RAMDIAL VICE PRESIDENT 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL LAMBERT CCO 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH BLAKE ASSISTANT VP 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN MCWILLIAMS ASST TREASURER 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN MOORE TREASURER 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN BONNER SECRETARY 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET BEAGEN ASST SECRETARY 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REGINA CAMERON ASST SECRETARY 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEANNA GARLAND ASST SECRETARY 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN HARDIN ASST SECRETARY 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRACE OCONNELL ASST SECRETARY 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN SCHRECKENHAUST ASST SECRETARY 99 HIGH STREET, 26TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: DEREK SOLMIE TITLE: ASST SECRETARY ADDRESS: 99 HIGH STREET, 26TH FLOOR CITY/ST/ZIP/CO: BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CINDY TRINGALI TITLE: ASST SECRETARY ADDRESS: 99 HIGH STREET, 26TH FLOOR CITY/ST/ZIP/CO: BOSTON, MA 02110	<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/ TIMOTHY KOELKER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY KOELKER, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	3/17/2014 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.