

1. Entity Name
CGU INSURANCE COMPANY

Principal Place of Business: 436 WALNUT STREET PHILADELPHIA PA 19106-3703
Mailing Address: ONE BEACON STREET BOSTON MA 02108-3107 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: 23-1502700
Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, DENNIS R	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	GOWDY, ROBERT C	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEBER, JOHN A	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	PERLMAN, ROBERT S	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANAS, RICHARD S	
STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	BOSTON, MA	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAZAUSKAS, VINCENT A	
STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	BOSTON, MA	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARSTENSEN, HANS L	
STREET ADDRESS	108 MYRTLE ST	
CITY-ST-ZIP	QUINCY, MA	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, JOHN F	
STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	BOSTON, MA	
TITLE	V/D/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZPATRICK, CHARLES R	
STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	BOSOTN, MA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, RICHARD A	
STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	BOSTON, MA	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/16/00 (617) 725-7430
Daytime Phone #

CR2E034 19/99