

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 825960 (8)

1. Corporation Name

COMMERCIAL UNION INSURANCE COMPANY

Principal Place of Business

Mailing Address

**ATTN: TAX DEPT.
ONE BEACON ST
BOSTON MASSACHUSETTS 02108**

**ATTN: TAX DEPT.
ONE BEACON ST
BOSTON MASSACHUSETTS 02108**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

03/29/1971

03/29/1994

4. FEI Number

04-2475442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA, CAPITOL BLDG.
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD

NAME

WEBER, JOHN A

STREET ADDRESS

1 BEACON ST

CITY - ST - ZIP

BOSTON MA

TITLE

VD

NAME

ROFFEY, ROBERT C.

STREET ADDRESS

ONE BEACON STREET

CITY - ST - ZIP

BOSTON MA

TITLE

AT

NAME

PERLMAN, ROBERT S.

STREET ADDRESS

ONE BEACON STREET

CITY - ST - ZIP

BOSTON MA

TITLE

CD

NAME

DUFFY, KENNETH J.

STREET ADDRESS

ONE BEACON STREET

CITY - ST - ZIP

BOSTON MA

TITLE

PD

NAME

GOWDY, ROBERT C.

STREET ADDRESS

ONE BEACON STREET

CITY - ST - ZIP

BOSTON MA

TITLE

SD

NAME

SMITH, DENNIS R.

STREET ADDRESS

ONE BEACON STREET

CITY - ST - ZIP

BOSTON MA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95

(617) 725-6000

Date

Daytime Phone #