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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **03/29/1971**
3a. Date of Last Report: **04/24/1995**
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 [X] 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

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent's signature required when changing registered agent.

12. OFFICERS AND DIRECTORS		
TITLE	VD	[ ] DELETE
NAME	WEBER, JOHN A	
STREET ADDRESS	1 BEACON ST	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	[X] DELETE
NAME	ROFFEY, ROBERT C.	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	AT	[ ] DELETE
NAME	PERLMAN, ROBERT S.	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	CD	[ ] DELETE
NAME	DUFFY, KENNETH J.	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	PD	[ ] DELETE
NAME	GOWDY, ROBERT C.	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	SD	[ ] DELETE
NAME	SMITH, DENNIS R.	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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)(i), 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 added by attachment with an address.

SIGNATURE: _____ Dennis R. Smith 4/3/96 (617) 725-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #