

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 825960**

1. Entity Name

**COMMERCIAL UNION INSURANCE COMPANY**

Principal Place of Business

Mailing Address

ATTN: TAX DEPT.  
ONE BEACON ST  
BOSTON MASSACHUSETTS 02108ATTN: TAX DEPT.  
ONE BEACON ST  
BOSTON MASSACHUSETTS 02108-3107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**04-2475442**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**INSURANCE COMMISSIONER  
STATE OF FLORIDA, CAPITOL BLDG.  
TALLAHASSEE FL 32301

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

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

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	WEBER, JOHN A	1 BEACON ST	BOSTON MA	<input type="checkbox"/>
AT	PERLMAN, ROBERT S.	ONE BEACON STREET	BOSTON MA	<input type="checkbox"/>
PCD	GOWDY, ROBERT C.	ONE BEACON STREET	BOSTON MA	<input type="checkbox"/>
S	SMITH, DENNIS R	ONE BEACON STREET	BOSTON MA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

(617) 725-7430

Daytime Phone #

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90058 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

Doc # 825960  
A-0029687

COMMERCIAL UNION INSURANCE COMPANY

Additions

V/D  
LADD, DAVID N  
ONE BEACON STREET  
BOSTON, MA

V/D/GC  
SINGER, ROGER M  
ONE BEACON ST  
BOSTON, MA

T  
HIRTLE, RICHARD C  
ONE BEACON ST  
BOSTON, MA