


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90051 015 \*\*\*150.00

**DOCUMENT # 833275**  
 1. Entity Name  
**BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**



Principal Place of Business Mailing Address  
**700 SOUTH STREET** **700 SOUTH STREET**  
**PITTSFIELD, MA 01201 US** **PITTSFIELD, MA 01201 US**

40052754



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03262007 Chg-P CR2E034 (12/06)

City & State City & State  
 Zip Country Zip Country

4. FEI Number Applied For  
**75-1277524** Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE, FL 32399-0000**

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BANCROFT, JOAN E 700 SOUTH STREET PITTSFIELD, MA 01201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CIFU, JOHN P 700 SOUTH STREET PITTSFIELD, MA 01201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, HOWELL M III 700 SOUTH STREET PITTSFIELD, MA 01201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BIRCHALL, GINA C JD 700 SOUTH STREET PITTSFIELD, MA 01201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DQCA HOWARD, CLIFFORD J JR 700 SOUTH STREET PITTSFIELD, MA 01201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VU MEALEY, KEVEN 700 SOUTH STREET PITTSFIELD, MA 01201	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bancroft, Joan E. 700 South Street Pittsfield, MA 01201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO IS Cifu, John P. 700 South Street Pittsfield, MA 01201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/DIR Speranzo, Nicholas S. 700 South Street Pittsfield, MA 01201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPIU Birchall, Gina 700 South Street Pittsfield, MA 01201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/CA Waldron, Charles M. 700 South Street Pittsfield, MA 01201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Rotenberg, Laura H. 700 South Street Pittsfield, MA 01201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura H. Rotenberg Laura H. Rotenberg 413/395-4810  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR #1/29/07 Date Daytime Phone #