


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90112 004 ***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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

99000000



01082008 Chg-P CR2E034 (12/06)

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, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	BANCROFT, JOAN E	
STREET ADDRESS	700 SOUTH STREET	
CITY-ST-ZIP	PITTSFIELD, MA 01201	
TITLE	CFOS	<input type="checkbox"/> Delete
NAME	CIFU, JOHN P	
STREET ADDRESS	700 SOUTH STREET	
CITY-ST-ZIP	PITTSFIELD, MA 01201	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	PALMER, HOWELL M III	
STREET ADDRESS	700 SOUTH STREET	
CITY-ST-ZIP	PITTSFIELD, MA 01201	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	BIRCHALL, GINA C JD	
STREET ADDRESS	700 SOUTH STREET	
CITY-ST-ZIP	PITTSFIELD, MA 01201	
TITLE	SVC	<input type="checkbox"/> Delete
NAME	WALDRON, CHARLES	
STREET ADDRESS	700 SOUTH STREET	
CITY-ST-ZIP	PITTSFIELD, MA 01201	
TITLE	C	<input type="checkbox"/> Delete
NAME	ROTENBERG, LAURA H	
STREET ADDRESS	700 SOUTH STREET	
CITY-ST-ZIP	PITTSFIELD, MA 01201	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP/OP/IT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foley, John	
STREET ADDRESS	700 South Street	
CITY-ST-ZIP	Pittsfield, MA 01201	
TITLE	SVP/PI/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hazzard, Lawrence S.	
STREET ADDRESS	700 South Street	
CITY-ST-ZIP	Pittsfield, MA 01201	
TITLE	SVP/CA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 3/1/08 (413)395-4810
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #