

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **800289** (1)

1. Corporation Name
COMMERCIAL LIFE INSURANCE COMPANY



Principal Place of Business: **15 CORPORATE PLACE SOUTH, P.O. BOX 1387, PISCATAWAY NJ 08855-1387**
Mailing Address: **15 CORPORATE PLACE SOUTH, P.O. BOX 1387, PISCATAWAY NJ 08855-1387**

3. Date Incorporated or Qualified 07/04/1911	3a. Date of Last Report 01/31/1995
4. FEI Number 22-1721966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

FILE	PC	<input type="checkbox"/> DELETE
NAME	GAERTNER, JOHN	
STREET ADDRESS	15 CORPORATE PLACE SO. PISCATAWAY NJ 08855-1387	
CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE
NAME	TIERNEY, KEVIN	
STREET ADDRESS	2211 CONGRESS ST. PORTLAND ME 04122	
CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE
NAME	LUDDEN, TIMOTHY W	
STREET ADDRESS	2211 CONGRESS STREET PORTLAND ME 04122	
CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BATTILORO, ANTHONY P	
STREET ADDRESS	15 CORPORATE PLACE SOUTH PISCATAWAY NJ 08855-1387	
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, RALPH T	
STREET ADDRESS	15 CORPORATE PLACE SOUTH PISCATAWAY NJ 08855-1387	
CITY - ST - ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	Whitehouse, Janet K.	
STREET ADDRESS	15 CORPORATE PLACE Piscataway, NJ 08855-1387	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Whitehouse, Janet K.	
6.3 STREET ADDRESS	15 CORPORATE PLACE South	
6.4 CITY - ST - ZIP	Piscataway, NJ 08855-1387	

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: *John Gaertner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (12/95)