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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 28 AM 11:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 803986 (9)

1. Corporation Name

MONARCH LIFE INSURANCE COMPANY

Principal Place of Business

**ONE MONARCH PLACE
SPRINGFIELD MA 01133**

Mailing Address

**ONE MONARCH PLACE
SPRINGFIELD MA 01133**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/06/1957

3a. Date of Last Report

02/07/1994

4. FEI Number

04-1630650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**THE INSURANCE COMMISSINER
CAPITAL BUILDING
TALLAHASSEE FL 32304**

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

Signature (typed or printed name of registered agent and title if applicable)

Date

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PCEO	WHITT, DAVID V	ONE MONARCH PLACE	SPRINGFIELD MA 01133
EVPD	MEJERUS, FRANCIS D	ONE MONARCH PLACE	SPRINGFIELD MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
PCEO	Majerus, Francis D.	One Monarch Place	Springfield, MA 01133	☒	☐
SVPS	Coulton, John S.	One Monarch Place	Springfield, MA 01133	☒	☐
SVPT	Humphrey, Larry M.	One Monarch Place		☒	☐
VP	Frentzos, Stephan A.	One Monarch Place		☒	☐
SVP	Mehle, David J.	One Monarch Place	Springfield, MA 01133	☒	☐
SVP	Coia, Theodore N.	One Monarch Place	Springfield, MA 01133	☒	☐

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 110.07(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:

David J. Mehle

David J. Mehle

(413) 784-7225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (typed or printed name of registered agent and title if applicable)