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Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90089 022 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 803986

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

4. FEI Number

04-1630650

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SDR ☐ DELETE

NAME MCADOO, KEVIN J

STREET ADDRESS ONE MONARCH PLACE

CITY-ST-ZIP SPRINGFIELD MA 01133

TITLE SVPS ☐ DELETE

NAME COULTON, JOHN S.

STREET ADDRESS ONE MONARCH PLACE

CITY-ST-ZIP SPRINGFIELD MA

TITLE SVP ☐ DELETE

NAME FRENTZOS, STEPHAN A.

STREET ADDRESS ONE MONARCH PLACE

CITY-ST-ZIP SPRINGFIELD MA

TITLE VP ☐ DELETE

NAME ARITAN, ATILLA G.

STREET ADDRESS ONE MONARCH PLACE

CITY-ST-ZIP SPRINGFIELD MA

TITLE SVP ☒ DELETE

NAME COIA, THEODORE N.

STREET ADDRESS ONE MONARCH PLACE

CITY-ST-ZIP SPRINGFIELD MA

TITLE SVPT ☐ DELETE

NAME HUMPHREY, LARRY M.

STREET ADDRESS ONE MONARCH PLACE

CITY-ST-ZIP SPRINGFIELD MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP

GUILBERT, NORMAND L.

ONE MONARCH PLACE

SPRINGFIELD MA 01133

14. 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 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, with all other like empowered.

SIGNATURE: *Normand L. Guilbert* VICE PRESIDENT 3/17/99 413 784 644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)