FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 14 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **813634** **(3)**

1. Corporation Name
COMMERCIAL UNION LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
ONE BEACON ST ATTN: TAX DEPT. BOSTON MASSACHUSETTS 02108	ONE BEACON ST. P.O. BOX 9174 BOSTON MA 02205-9174 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/22/1959	3a. Date of Last Report: 03/29/1994
4. FEI Number: 04-2235236	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

COGBURN, JOE DALE
801 RIVERSIDE AVENUE
JACKSONVILLE FL 32203

10. Name and Address of New Registered Agent

81 Name: EXEMPT
82 Street Address (P.O. Box Number is Not Acceptable): See Section 607.0502[3(2)],
83 "Florida business corporation act"
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	ALLEN, RONALD M.	12 NAME	
STREET ADDRESS	ONE BEACON STREET	13 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☒ Change ☐ Addition
NAME	RANDALL, FREDERICK A.	22 NAME	Senior Vice President and Director
STREET ADDRESS	ONE BEACON STREET	23 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☒ Addition
NAME	PICKETT, ROBERT C	32 NAME	Director Weber, John A.
STREET ADDRESS	ONE BEACON STREET	33 STREET ADDRESS	One Beacon Street, Boston, MA
CITY-ST-ZIP	BOSTON MA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, JOHN J	42 NAME	
STREET ADDRESS	ONE BEACON STR	43 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	MADDEN, L JAMES	52 NAME	
STREET ADDRESS	ONE BEACON STREET	53 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	54 CITY-ST-ZIP	
TITLE	AVP	61 TITLE	☐ Change ☐ Addition
NAME	LEMIRE, ERNEST O	62 NAME	
STREET ADDRESS	ONE BEACON STR	63 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	64 CITY-ST-ZIP	

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: _____ January 11, 1995 617-786-2305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Ronald M. Allen

0483443 FN