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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 813634 (3)
1. Corporation Name

COMMERCIAL UNION LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business
ONE BEACON STREET
BOSTON MA 02205-9174

Mailing Address
ONE BEACON STREET
PO BOX 9174
BOSTON, MA 02205-9174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/22/1959

4. FEI Number

04-2235236

X 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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITAL
TALLAHASSEE, FL 32301

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 of registered agent and officer, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME KYPTA, RICHARD J.
STREET ADDRESS ONE BEACON ST
CITY-ST-ZIP BOSTON MA

TITLE PD
NAME CARSTENSEN, HANS L. III
STREET ADDRESS ONE BEACON ST
CITY-ST-ZIP BOSTON MA

TITLE SVD
NAME RANDALL, FREDERICK A.
STREET ADDRESS ONE BEACON ST
CITY-ST-ZIP BOSTON, MA

TITLE T
NAME HIGGINS, JOHN J.
STREET ADDRESS ONE BEACON ST
CITY-ST-ZIP BOSTON MA

TITLE VP
NAME KNIGHT, JAMES PA
STREET ADDRESS ONE BEACON ST
CITY-ST-ZIP BOSTON, MA

TITLE SVD
NAME WEBER, JOHN A.
STREET ADDRESS ONE BEACON ST
CITY-ST-ZIP BOSTON, MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 registered agent 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 amendment to an address.

SIGNATURE:

RICHARD J. KYPTA V. PRES GEN COUNCIL & SEC 617 7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)