

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90040 002 \*\*\*150.00

05-46681

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 813634**

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  
 P.O. BOX 9174  
 BOSTON MA 02205-9174  
 US**

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

3. Date Incorporated or Qualified  
**05/22/1959**

4. FEI Number  
**04-2235236**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>S</b>	
NAME	<b>KYPTA, RICHARD J.</b>	
STREET ADDRESS	<b>ONE BEACON STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02205-9174</b>	
TITLE	<b>SVD A</b>	
NAME	<b>RANDELL, FREDERICK A</b>	
STREET ADDRESS	<b>ONE BEACON STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02205-9174</b>	
TITLE	<b>SVD</b>	
NAME	<b>WEBER, JOHN A</b>	
STREET ADDRESS	<b>ONE BEACON STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02205-9174</b>	
TITLE	<b>T</b>	
NAME	<b>HIGGINS, JOHN J</b>	
STREET ADDRESS	<b>ONE BEACON STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02205-9174</b>	
TITLE	<b>P/D</b>	
NAME	<b>CARSTENSEN, HANS I</b>	
STREET ADDRESS	<b>ONE BEACON STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02205-9174</b>	
TITLE	<b>VP</b>	
NAME	<b>KNIGHT, JAMES PA</b>	
STREET ADDRESS	<b>ONE BEACON STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02205-9174</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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)(f), 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:** \_\_\_\_\_ **RICHARD J. KYPTA** 4/6/99 617-786-2110  
 SECRETARY & GENERAL COUNSEL

CR2E034 (1/98)