

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813634

1. Entity Name

COMMERCIAL UNION LIFE INSURANCE COMPANY OF AMERI

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90006 015 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-2235236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE CAPITAL
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME KYPTA, RICHARD J.
STREET ADDRESS ONE BEACON STREET
CITY-ST-ZIP BOSTON MA 02205-9174 ☐ Delete

TITLE SVD
NAME RANDELL, FREDERICK A
STREET ADDRESS ONE BEACON STREET
CITY-ST-ZIP BOSTON MA 02205-9174 ☐ Delete

TITLE SVD
NAME WEBER, JOHN A
STREET ADDRESS ONE BEACON STREET
CITY-ST-ZIP BOSTON MA 02205-9174 ☐ Delete

TITLE T
NAME HIGGINS, JOHN J
STREET ADDRESS ONE BEACON STREET
CITY-ST-ZIP BOSTON MA 02205-9174 ☒ Delete

TITLE P/D
NAME CARSTENSEN, HANS I
STREET ADDRESS ONE BEACON STREET
CITY-ST-ZIP BOSTON MA 02205-9174 ☐ Delete

TITLE VP
NAME KNIGHT, JAMES PA
STREET ADDRESS ONE BEACON STREET
CITY-ST-ZIP BOSTON MA 02205-9174 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME HIRTLE RICHARD C
STREET ADDRESS ONE BEACON STREET
CITY-ST-ZIP BOSTON MA 02205-9174 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD J KYPTA 3/9/00 617-786-2110

Date

Daytime Phone #

CR2E034 (9/99)