

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90109 023 \*\*\*150.00

**DOCUMENT # 813634**

1. Entity Name

**CGU LIFE INSURANCE COMPANY OF AMERICA**

Principal Place of Business

~~P.O. BOX 9174~~ 108 Myrtle St.  
~~BOSTON MA 02205-9174~~  
N. Quincy, MA 02171

Mailing Address

~~ONE BEACON STREET~~ 108 Myrtle St.  
~~P.O. BOX 9174~~  
~~BOSTON MA 02205-9174~~  
US 02171

2. Principal Place of Business

108 Myrtle Street

3. Mailing Address

108 Myrtle Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Quincy, MA

City & State

N. Quincy, MA

Zip 02171

Country USA

Zip 02171

Country USA

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

**INSURANCE COMMISSIONER  
STATE CAPITAL  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	S	<input type="checkbox"/> Delete
NAME	KYPTA, RICHARD J.	
STREET ADDRESS	P O BOX 9174	
CITY-ST-ZIP	BOSTON MA 02205-9174	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	RANDELL, FREDERICK A	
STREET ADDRESS	P O BOX 9174	
CITY-ST-ZIP	BOSTON MA 02205-9174	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	WEBER, JOHN A	
STREET ADDRESS	P O BOX 9174	
CITY-ST-ZIP	BOSTON MA 02205-9174	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARRINGTON, GEORGE J	
STREET ADDRESS	P O BOX 9174	
CITY-ST-ZIP	BOSTON MA 02205-9174	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	CARSTENSEN, HANS I	
STREET ADDRESS	P O BOX 9174	
CITY-ST-ZIP	BOSTON MA 02205-9174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCOY, KEVIN	
STREET ADDRESS	<del>P.O. BOX 9174</del> 108 Myrtle Street	
CITY-ST-ZIP	<del>BOSTON MA 02205-9174</del> N. Quincy, MA 02171	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVP&D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kypta, Richard J.	
STREET ADDRESS	108 Myrtle Street	
CITY-ST-ZIP	N. Quincy, MA 02171	
TITLE	SVP & COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cronin, Margot R.	
STREET ADDRESS	108 Myrtle Street	
CITY-ST-ZIP	N. Quincy, MA 02171	
TITLE	SVP, CFO&T&D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whitehead, Jeffery J.	
STREET ADDRESS	108 Myrtle Street	
CITY-ST-ZIP	N. Quincy, MA 02171	
TITLE	VP, GC&S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guimond, Gerard J.	
STREET ADDRESS	108 Myrtle Street	
CITY-ST-ZIP	N. Quincy, MA 02171	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carstensen, Hans L, III	
STREET ADDRESS	108 Myrtle Street	
CITY-ST-ZIP	N. Quincy, MA 02171	
TITLE	SVP, CA&D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheerin, Martin	
STREET ADDRESS	108 Myrtle Street	
CITY-ST-ZIP	N. Quincy, MA 02171	

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 all other like empowered.

**SIGNATURE:** *Jeffery J. Whitehead* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)