

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Myrman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 10:38

DOCUMENT # **837645** (1)
1. Corporation Name
COMMERCIAL UNION RISK MANAGEMENT, INC.

Principal Place of Business Mailing Address
ONE BEACON STREET BOSTON MA 02108

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/30/1976	07/28/1994
22		27		4. FEI Number	Applied For
23		28		04-2562637	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TALMADGE, CARL P 3751 MCGUIRE BLVD ORLANDO FL 32814-7575				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, RICHARD A.	1.2 NAME	Kenneth J. Paganini
STREET ADDRESS	14 NATHANIAL DR.	1.3 STREET ADDRESS	17 State St., 11th Fl., Wall St. Plaza
CITY - ST - ZIP	AMERHEST, NH.	1.4 CITY - ST - ZIP	New York, NY 10005
TITLE	AT	2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERLMAN, ROBERT M.	2.2 NAME	Dennis R. Smith
STREET ADDRESS	138 ARNOLD RD.	2.3 STREET ADDRESS	23 Firecut Lane
CITY - ST - ZIP	NEWTON MA	2.4 CITY - ST - ZIP	Sudbury, MA 01776
TITLE	S	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGER, ROGER M.	3.2 NAME	John J. Higgins
STREET ADDRESS	64 LINCOLN ST.	3.3 STREET ADDRESS	9 Oakledge Road
CITY - ST - ZIP	WATERTOWN MA	3.4 CITY - ST - ZIP	Wakefield, MA 01880
TITLE	D	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOWDY, ROBERT C	4.2 NAME	Malcolm H. Leggett
STREET ADDRESS	64 OKBOW RD	4.3 STREET ADDRESS	18 Phillip Street
CITY - ST - ZIP	WESTON, MA 0	4.4 CITY - ST - ZIP	Medfield, MA 02052
TITLE	D	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, ROBERT C.	5.2 NAME	Robert C. Roffey, Jr.
STREET ADDRESS	12 LONGMEADOW RD.	5.3 STREET ADDRESS	126 West Shore Drive
CITY - ST - ZIP	LINCOLN, MA 0	5.4 CITY - ST - ZIP	Marblehead, MA 01945
TITLE	D	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUFFY, KENNETH J.	6.2 NAME	Robert C. Gowdy
STREET ADDRESS	37 FLAGG ROAD	6.3 STREET ADDRESS	64 Okbow Road
CITY - ST - ZIP	SOUTHBOROUGH MA	6.4 CITY - ST - ZIP	Weston, MA 02193

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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE: Richard A. Jordan, 5/22/95 617-725-6058
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR