

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90075 035 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 837645

1. Corporation Name
COMMERCIAL UNION RISK MANAGEMENT, INC.



Principal Place of Business	Mailing Address
ONE BEACON STREET B10-01 BOSTON MA 02108	ONE BEACON STREET B10-01 BOSTON MA 02108

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

3. Date incorporated or Qualified	12/30/1976
4. FEI Number	04-2562637
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

TALMADGE, CARL P
 3751 MCGUIRE BLVD
 ORLANDO FL 32814-7575

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	JORDAN, RICHARD A.	
STREET ADDRESS	14 NATHANIAL DR.	
CITY-ST-ZIP	AMERHEST, NH.	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	PERLMAN, ROBERT M.	
STREET ADDRESS	138 ARNOLD RD.	
CITY-ST-ZIP	NEWTON MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SINGER, ROGER M.	
STREET ADDRESS	64 LINCOLN ST.	
CITY-ST-ZIP	WATERTOWN MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOWDY, ROBERT C	
STREET ADDRESS	64 OKBOW RD	
CITY-ST-ZIP	WESTON, MA 0	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUFFY, KENNETH J.	
STREET ADDRESS	37 FLAGG ROAD	
CITY-ST-ZIP	SOUTHBOROUGH MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	John J. Higgins
4.4 CITY-ST-ZIP	9 Oakledge Road Wakefield, MA 01880
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Asst. Secretary
5.3 STREET ADDRESS	Dennis R. Smith
5.4 CITY-ST-ZIP	23 Firecut Lane Sudbury, MA 01776
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Asst. Vice President
6.3 STREET ADDRESS	Kenneth J. Paganini
6.4 CITY-ST-ZIP	76 Mohawk Ave. Long Beach, NY 11561

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 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: _____ DATE: 3/19/99 DAYTIME PHONE #: 617-725-6058

CR2E034 (1/98)