

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mordant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **844269** (1)

1. Corporation Name
THE PAUL REVERE PROTECTIVE LIFE INSURANCE COMPANY



Principal Place of Business
**18 CHESTNUT STREET
WORCESTER MA 01608**

Mailing Address
**18 CHESTNUT STREET
WORCESTER MA 01608**

3. Date Incorporation Qualified **10/01/1979** 3a. Date of Last Report **04/12/1995**
4. FEI Number **04-2528304** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 29. 30.
9. Name and Address of Current Registered Agent

81. Name
82. Street Address (P.O. Box Number if Not Applicable)
83.
84. City FL 85. Zip Code

**THE INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32304**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, this incorporated 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. Hereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HESEL MARY KATHERINE	
STREET ADDRESS	18 CHESTNUT ST	
CITY-ST-ZIP	WORCESTER MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUNDQUIST, BARRY ERIC	
STREET ADDRESS	18 CHESTNUT ST	
CITY-ST-ZIP	WORCESTER MA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BUDD, JOHN H.	
STREET ADDRESS	18 CHESTNUT ST.	
CITY-ST-ZIP	WORCESTER MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAC CONNELL, GARY WILLIAM	
STREET ADDRESS	18 CHESTNUT ST.	
CITY-ST-ZIP	WORCESTER MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GATES, MICHAEL	
STREET ADDRESS	18 CHESTNUT ST.	
CITY-ST-ZIP	WORCESTER MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEMERY, JOHN D.	
STREET ADDRESS	18 CHESTNUT STREET	
CITY-ST-ZIP	WORCESTER MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOULE, CHARLES EVERETT	
STREET ADDRESS	18 Chestnut Street	
CITY-ST-ZIP	Worcester, MA	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, DONALD EUGENE	
STREET ADDRESS	18 Chestnut Street	
CITY-ST-ZIP	Worcester, MA	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, BRUCE ALLISON	
STREET ADDRESS	18 Chestnut Street	
CITY-ST-ZIP	Worcester, MA	
TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILBERT, JAMES ANDREW	
STREET ADDRESS	18 Chestnut Street	
CITY-ST-ZIP	Worcester, MA	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, GERALD MICHAEL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCCI, RICHARD LOUIS	
STREET ADDRESS	18 Chestnut Street	
CITY-ST-ZIP	Worcester, MA	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(g), 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 or person empowered to execute the same part 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.

SIGNATURE: *James A. Hilbert* James A. Hilbert 3/13/96 508-792-6377
Senior Vice President, Chief Financial Officer and Treasurer

CR2E034 (12/95)