

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

**FILED**

**Mar 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 844269 (1)**  
 1. Corporation Name  
**THE PAUL REVERE PROTECTIVE LIFE INSURANCE COMPAN**  
**Y**



Principal Place of Business Mailing Address  
**18 CHESTNUT STREET** **18 CHESTNUT STREET**  
**WORCESTER MA 01608** **WORCESTER MA 01608-1528**

3. Date Incorporated or Qualified **10/01/1979** 3a. Date of Last Report **03/20/1996**  
 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

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 25 29 30

9. Name and Address of Current Registered Agent  
**THE INSURANCE COMMISSIONER OF FLORIDA**  
**CAPITOL BUILDING**  
**TALLAHASSEE FL 32304**

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HESSEL 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

1.1 TITLE	PD	Change <input type="checkbox"/> Addition
1.2 NAME	SOULE, CHARLES EVERETT	
1.3 STREET ADDRESS	18 CHESTNUT STREET	
1.4 CITY - ST - ZIP	WORCESTER, MA	
2.1 TITLE	VD	Change <input type="checkbox"/> Addition
2.2 NAME	BOGGS, DONALD EUGENE	
2.3 STREET ADDRESS	18 CHESTNUT STREET	
2.4 CITY - ST - ZIP	WORCESTER, MA	
3.1 TITLE	VD	Change <input type="checkbox"/> Addition
3.2 NAME	RICHARDS, BRUCE ALLISON	
3.3 STREET ADDRESS	18 CHESTNUT STREET	
3.4 CITY - ST - ZIP	WORCESTER, MA	
4.1 TITLE	VTD	Change <input type="checkbox"/> Addition
4.2 NAME	HILBERT, JAMES ANDREW	
4.3 STREET ADDRESS	18 CHESTNUT STREET	
4.4 CITY - ST - ZIP	WORCESTER, MA	
5.1 TITLE		Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GATES, GERALD MICHAEL	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	VD	Change <input type="checkbox"/> Addition
6.2 NAME	MUCCI, RICHARD LOUIS	
6.3 STREET ADDRESS	18 CHESTNUT STREET	
6.4 CITY - ST - ZIP	WORCESTER, MA	

14. I do 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.

SIGNATURE: *James Andrew Hilbert* **JAMES ANDREW HILBERT** 2/24/97 (508) 792-6377  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)