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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 COMPANY**

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

Mailing Address  
**18 CHESTNUT STREET  
WORCESTER MA 01608-1528**



|   |  |                        |  |  |  |  |  |
|---|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>10/01/1979</b>                             |  | 3a. Date of Last Report<br><b>03/20/1996</b> |  |
| 21 Suite, Apt. #, etc.                          |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>04-2528304</b>   |  | Applied For<br>Not Applicable                |  |
| 22 City & State                                 |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | <b>\$8.75</b> Additional Fee Required        |  |
| 23 Zip Country                                  |  | 28 Zip Country         |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees           |  |
| 24  |  | 25                     |  | 29   |  | 30   |  |
| 9. Name and Address of Current Registered Agent |  |                        |  | 10. Name and Address of New Registered Agent                                       |  |  |  |

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

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 re-instating)

DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|---------------------------|---|-------------------------|
| TITLE                      | VD                        | 1.1 TITLE   | PD                      |
| NAME                       | HESEL MARY KATHERINE      | 1.2 NAME  | SOULE, CHARLES EVERETT  |
| STREET ADDRESS             | 18 CHESTNUT ST            | 1.3 STREET ADDRESS                                    | 18 CHESTNUT STREET      |
| CITY- ST- ZIP              | WORCESTER MA              | 1.4 CITY- ST- ZIP                                     | WORCESTER, MA           |
| TITLE                      | VD                        | 2.1 TITLE   | VD                      |
| NAME                       | LUNDQUIST, BARRY ERIC     | 2.2 NAME  | BOGGS, DONALD EUGENE    |
| STREET ADDRESS             | 18 CHESTNUT ST            | 2.3 STREET ADDRESS                                    | 18 CHESTNUT STREET      |
| CITY- ST- ZIP              | WORCESTER MA              | 2.4 CITY- ST- ZIP                                     | WORCESTER, MA           |
| TITLE                      | VSD                       | 3.1 TITLE   | VD                      |
| NAME                       | BUDD, JOHN H.             | 3.2 NAME  | RICHARDS, BRUCE ALLISON |
| STREET ADDRESS             | 18 CHESTNUT ST.           | 3.3 STREET ADDRESS                                    | 18 CHESTNUT STREET      |
| CITY- ST- ZIP              | WORCESTER MA              | 3.4 CITY- ST- ZIP                                     | WORCESTER, MA           |
| TITLE                      | VD                        | 4.1 TITLE   | VTD                     |
| NAME                       | MAC CONNELL, GARY WILLIAM | 4.2 NAME  | HILBERT, JAMES ANDREW   |
| STREET ADDRESS             | 18 CHESTNUT ST.           | 4.3 STREET ADDRESS                                    | 18 CHESTNUT STREET      |
| CITY- ST- ZIP              | WORCESTER MA              | 4.4 CITY- ST- ZIP                                     | WORCESTER, MA           |
| TITLE                      | VD                        | 5.1 TITLE   | GATES, GERALD MICHAEL   |
| NAME                       | GATES, MICHAEL            | 5.2 NAME  |                         |
| STREET ADDRESS             | 18 CHESTNUT ST.           | 5.3 STREET ADDRESS                                    |                         |
| CITY- ST- ZIP              | WORCESTER MA              | 5.4 CITY- ST- ZIP                                     |                         |
| TITLE                      | VD                        | 6.1 TITLE   | VD                      |
| NAME                       | LEMERY, JOHN D.           | 6.2 NAME  | MUCCI, RICHARD LOUIS    |
| STREET ADDRESS             | 18 CHESTNUT STREET        | 6.3 STREET ADDRESS                                    | 18 CHESTNUT STREET      |
| CITY- ST- ZIP              | WORCESTER MA              | 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 A. Hilbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES ANDREW HILBERT

Date

2/24/97  
(508) 792-6377

Daytime Phone #

CR2E034 (9/96)