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FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 846731 (8)

1. Corporation Name
NORTH AMERICAN SECURITY LIFE INSURANCE COMPANY

Principal Place of Business 116 HUNTINGTON AVENUE BOSTON MA 02116 US	Mailing Address 116 HUNTINGTON AVENUE BOSTON MA 02116-5749 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/14/1980	3a. Date of Last Report 03/15/1996
4. FEI Number 22-2265014	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MOORE, BRIAN L.	
STREET ADDRESS	5650 YONGE STREET	
CITY-ST-ZIP	NORTH YORK, ONTARIO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, PETER	
STREET ADDRESS	5650 YONGE STREET	
CITY-ST-ZIP	NORTH YORK, ONTARIO	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ATHERTON, WILLIAM J.	
STREET ADDRESS	116 HUNTINGTON AVENUE	
CITY-ST-ZIP	BOSTON MA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT L. STOLZ	
STREET ADDRESS	116 HUNTINGTON AVENUE	
CITY-ST-ZIP	BOSTON MA	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	JAMES D. GALLAGHER	
STREET ADDRESS	116 HUNTINGTON AVENUE	
CITY-ST-ZIP	BOSTON MA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HIRTLE, RICHARD C.	
STREET ADDRESS	116 HUNTINGTON AVENUE	
CITY-ST-ZIP	BOSTON MA	

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 checked="" type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	John D. D3Prez III
3.4 CITY-ST-ZIP	116 Huntington Avenue
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice President
4.3 STREET ADDRESS	James R. Boyle
4.4 CITY-ST-ZIP	116 Huntington Ave Boston, MA 02116
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  **Richard C. Hirtle** 3/14/97 617-266-6004

CR2E034 (9/96)