

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P14493** (1)

1. Corporation Name

**BERKSHIRE LIFE INSURANCE COMPANY**

Principal Place of Business

**700 SOUTH STREET  
PITTSFIELD MA 01201**

Mailing Address

**700 SOUTH STREET  
PITTSFIELD MA 01201**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER AND TREASURER  
THE CAPITOL  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**05/18/1987**

3a. Date of Last Report

**03/16/1995**

4. FEI Number

**04-1083480**

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

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CORNELIO, ALBERT C.	
STREET ADDRESS	84 SPADINA PARKWAY	
CITY- ST- ZIP	PITTSFIELD MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CUSSON, GRAIG V	
STREET ADDRESS	761 WEST STREET	
CITY- ST- ZIP	PITTSFIELD MA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KALIB, DAVID L.	
STREET ADDRESS	51 BISHOP PARKWAY	
CITY- ST- ZIP	PITTSFIELD MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GLASS, HENRY W., JR.	
STREET ADDRESS	2 LORI COURT	
CITY- ST- ZIP	PITTSFIELD MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITEHEAD, RICHARD L.	
STREET ADDRESS	16 GRAVESLEIGH TERRACE	
CITY- ST- ZIP	PITTSFIELD MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASWELL, JOHN B.	
STREET ADDRESS	80 ADALIA AVE.	
CITY- ST- ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James W. Zilinski	
1.3 STREET ADDRESS	106 Cliffwood Street	
1.4 CITY- ST- ZIP	Lenox, MA 01240	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 1996 413-499-4321

CR2E034 (12/95)