

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90023 040 ***150.00

0544334

DOCUMENT # P14493

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1987

4. FEI Number

04-1083480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER AND TREASURER
THE CAPITOL
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ZILINSKI, JAMES W.
STREET ADDRESS 106 CLIFFWOOD ST
CITY-ST-ZIP LENOX MA

TITLE V ☐ DELETE

NAME CUSSON, GRAIG V
STREET ADDRESS 761 WEST STREET
CITY-ST-ZIP PITTSFIELD MA

TITLE VS ☐ DELETE

NAME KALIB, DAVID L.
STREET ADDRESS 51 BISHOP PARKWAY
CITY-ST-ZIP PITTSFIELD MA

TITLE T ☐ DELETE

NAME GLASS, HENRY W., JR.
STREET ADDRESS 2 LORI COURT
CITY-ST-ZIP PITTSFIELD MA

TITLE D ☐ DELETE

NAME WHITEHEAD, RICHARD L.
STREET ADDRESS 16 GRAVESLEIGH TERRACE
CITY-ST-ZIP PITTSFIELD MA

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 changes were made to the report with an address, with all other like empowered persons.

SIGNATURE:

WILLIAM A. OBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)