

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002734

Entity Name: COMMONWEALTH INSURANCE COMPANY OF AMERICA**Current Principal Place of Business:**250 COMMERCIAL STREET
SUITE 5000
MANCHESTER, NH 03101**Current Mailing Address:**250 COMMERCIAL STREET,
SUITE 5000
MANCHESTER, NH 03101 US**FEI Number:** 91-1673817**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT
Name	DAVIES, NICK
Address	161 NORTH CLARK STREET, SUITE 3200
City-State-Zip:	CHICAGO IL 60601
Title	ASST. SECRETARY
Name	SPENCER, MELODY
Address	2850 LAKE VISTA DRIVE, SUITE 150
City-State-Zip:	LEWISVILLE TX 75067
Title	ASST. SECRETARY
Name	AARONS, GARY
Address	250 COMMERCIAL STREET SUITE 5000
City-State-Zip:	MANCHESTER NH 03101
Title	ASSISTANT SECRETARY
Name	LUNDY, SONJA D.
Address	2850 LAKE VISTA DRIVE SUITE 150
City-State-Zip:	LEWISVILLE TX 75067

Title	DIRECTOR, SECRETARY
Name	BURNS, ALLISON
Address	161 NORTH CLARK STREET, SUITE 3200
City-State-Zip:	CHICAGO IL 60601
Title	DIRECTOR, TREASURER
Name	JONES, JONATHAN MARK
Address	161 NORTH CLARK STREET, SUITE 3200
City-State-Zip:	CHICAGO IL 60601
Title	ASST. SECRETARY
Name	CHAMBERS, ERIC
Address	250 COMMERCIAL STREET, SUITE 5000
City-State-Zip:	MANCHESTER NH 03101
Title	ASST. SECRETARY
Name	BAUER, JOHN W.
Address	250 COMMERCIAL STREET SUITE 5000
City-State-Zip:	MANCHESTER NH 03101

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALLISON BURNS**SECRETARY****02/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FINKLE, ADAM
Address 161 NORTH CLARK STREET
 SUITE 3200
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR
Name ALLAN, MARK
Address THE LEADENHALL BUILDING
 122 LEADENHALL STREET
City-State-Zip: LONDON EC3V4AB