2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002734

Entity Name: COMMONWEALTH INSURANCE COMPANY OF AMERICA

FILED Mar 02, 2017 **Secretary of State** CC8125088738

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:

Name

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR, PRESIDENT, CEO Title DIRECTOR, EVP, COO BENTLEY, NICHOLAS C CAROSELLI. NINA LYNN Name Name Address

250 COMMERCIAL STREET, Address 250 COMMERCIAL STREET **SUITE 5000**

SUITE 5000

MANCHESTER NH 03101 MANCHESTER NH 03101 City-State-Zip: City-State-Zip:

Title DIRECTOR, SECRETARY, GENERAL Title **EVP**

COUNSEL, EVP KELLY, JAMES K Name FABIAN, RICHARD J

250 COMMERCIAL STREET, Address 250 COMMERCIAL STREET, Address

SUITE 5000 SUITE 5000

MANCHESTER NH 03101 City-State-Zip: MANCHESTER NH 03101 City-State-Zip:

Title EVP, CHIEF ACTUARY Title **EVP** KUNISH, MATTHEW W Name

SAMPSON, ROBERT Name 250 COMMERCIAL STREET, Address

Address 250 COMMERCIAL STREET.

SUITE 5000 SUITE 5000

City-State-Zip: MANCHESTER NH 03101 City-State-Zip: MANCHESTER NH 03101

Title Title VΡ

Name ZAMPELLA, JOSEPH Name SIEGART, JOHN

250 COMMERCIAL STREET, Address Address

250 COMMERCIAL STREET, **SUITE 5000 SUITE 5000**

City-State-Zip: MANCHESTER NH 03101 MANCHESTER NH 03101 City-State-Zip:

Continues on page 2

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.

03/02/2017 SIGNATURE: RICHARD J. FABIAN SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title ASST. SECRETARY
Name SCOTT, SHERRYL

Address 250 COMMERCIAL STREET,

SUITE 5000

City-State-Zip: MANCHESTER NH 03101

Title ASST. SECRETARY, VP
Name WHITAKER, DOROTHY D

Address 2850 LAKE VISTA DRIVE, SUITE 150

City-State-Zip: LEWISVILLE TX 75067

Title DIRECTOR, CFO, TREASURER, EVP

Name IRVING, DEBORAH A.

Address 250 COMMERCIAL STREET,

SUITE 5000

City-State-Zip: MANCHESTER NH 03101

Title VP

Name JAVA, IVAN

Address 250 COMMERCIAL STREET,

SUITE 5000

City-State-Zip: MANCHESTER NH 03101

Title VP

Name DONLON, TIMOTHY

Address 250 COMMERCIAL STREET,

SUITE 5000

City-State-Zip: MANCHESTER NH 03101

Title ASST. SECRETARY
Name SPENCER, MELODY

Address 2850 LAKE VISTA DRIVE, SUITE 150

City-State-Zip: LEWISVILLE TX 75067

Title SVP

Name EDMISTON, HENRY W

Address 2850 LAKE VISTA DRIVE, SUITE 150

City-State-Zip: LEWISVILLE TX 75067

Title CONTROLLER, VP Name AARONS, GARY

Address 250 COMMERCIAL STREET

SUITE 5000

City-State-Zip: MANCHESTER NH 03101

Title ASSISTANT VP
Name CHAMBERS, ERIC

Address 250 COMMERCIAL STREET,

SUITE 5000

City-State-Zip: MANCHESTER NH 03101