

**FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 800416 (0)**

1. Corporation Name

**THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES**

**APPROVED  
AND  
FILED**

95 APR 21 AM 9:09

2. Principal Place of Business

**787 SEVENTH AVENUE  
NEW YORK N. 10019  
US**

2a. Mailing Address

**135 WEST 50TH ST  
THIRD FLOOR  
NEW YORK N. 10020  
US**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**08/06/1912**

3b. Date of Last Report

**04/26/1994**

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**13-5570051**

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 has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**MORRIS, JOSEPH E  
50 N LAURA ST  
JACKSONVILLE FL 32202**

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

**CD  
JENRETTE, RICHARD  
787 SEVENTH AVENUE  
NEW YORK NY**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VS  
HEINS, MOLLY K.  
787 SEVENTH AVENUE  
NEW YORK NY**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VT  
BYRNE, KEVIN R  
787 SEVENTH AVENUE  
NEW YORK NY**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**PD  
MELONE, JOSEPH J  
787 SEVENTH AVENUE  
NEW YORK NY**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VA  
KIERNAN, WILLIAM J.  
135 W. 50TH ST., 3RD FL  
NEW YORK N.**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**V  
REDDY, JAMES S  
135 W. 50TH ST., 3RD FL.  
NEW YORK N.**

NAME

STREET ADDRESS

CITY - ST - ZIP

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

**CHAIRMAN OF BOARD  
AND DIRECTOR**

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 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 attachment with an address.

SIGNATURE:

*James S. Reddy*  
**JAMES S. REDDY**

4-17-95

(212) 641-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

**ANNUAL STATEMENT**  
**FOR THE YEAR ENDED DECEMBER 31, 1994**  
OF THE CONDITIONS AND AFFAIRS OF  
**THE EQUITABLE LIFE ASSURANCE SOCIETY**  
**OF THE UNITED STATES**

NAIC Group Code: 511    NAIC Company Code: 62944    Employer's ID Number: 13-5570651  
Organized under the Laws of the State of NEW YORK,  
using \_\_\_\_\_ as the Port of Entry, made to the

INSURANCE DEPARTMENT OF THE STATE OF

PURSUANT TO THE LAWS THEREOF

Incorporated: July 26, 1859

Commenced Business: July 26, 1859

Statutory Home Office: 787 SEVENTH AVENUE, NEW YORK, NEW YORK 10019

Main Administrative Office: 787 SEVENTH AVENUE, NEW YORK, NEW YORK 10019 - Phone Number: (212) 654-1234

Mail Address: 135 WEST 50TH STREET - 3RD FLOOR, NEW YORK, NEW YORK 10020

Phone Number: (212) 641-8231

Annual Statement Contact Person and Phone Number: Stephen F. Hogan, Vice President (212) 641-8320

**OFFICERS**

**RICHARD HAMPTON JENRETTE #**  
Chairman of the Executive Committee

**JOSEPH JAMES MELONE #**  
Chairman of the Board  
and Chief Executive Officer

**JAMES MICHAEL BENSON #**  
President and Chief Operating Officer

**EXECUTIVE VICE PRESIDENTS**

**JERRY MICHAEL de ST. PAER**  
Chief Financial Officer

**ROBERT EDWARD GARBER #**  
General Counsel

**ROBERT SEYMOUR JONES, JR.**

**WILLIAM THOMAS MCCAFFREY**  
Chief Administrative Officer

**BRIAN STEPHEN O'NEIL**  
Chief Investment Officer

**JOSE MINO SUAREZ SUQUET #**  
Chief Agency Officer

**SENIOR VICE PRESIDENTS**

**MICHAEL BEAULIEU**

**FRANK JOSEPH BEHM #**

**LEON BURTON BILLIS #**  
Chief Information Officer

**HARVEY BLITZ**  
Deputy Chief Financial Officer

**WILLIAM STEPHEN CLENDENIN**  
Chief Compliance Officer

**DARWIN NATHANIEL DAVIS**

**GORDON GRIFFITH DINSMORE**

**THOMAS JOSEPH DUDDY, JR.**

**ALVIN HENRY FENICHEL**  
Controller

**MICHAEL EDWARD FISHER #**

**JEROME SIMON GOLDEN #**  
President of Income Management Group

**NANCY HELEN GREEN**

**DONALD DEAN HIGGINS**

**JAMES STEPHEN KALMER**

**MICHAEL PATRICK KLEY #**

**JAMES THOMAS LIDDLE, JR.**  
Chief Valuation Actuary

**DENS WALLACE LORING**

**MICHAEL SEARLE MARTIN**

**MICHAEL FRANCIS MCNEILS**

**ANTHONY CHARLES PASQUALE**

**MICHAEL JAY RICH #**

**FRANK SAVAGE**

**SAMUEL BARRY SHLESINGER**

**GREGORY GRANT WILCOX**

**DENNIS DONALD WITTE**

**KEVIN ROBERT BYNE**  
Vice President and Treasurer

**PALL JOSEPH FLORA #**  
Vice President and Auditor

**MOLLY KATHLEEN HEINES**  
Vice President and Secretary

**DIRECTORS OR TRUSTEES**

**CLAUDE BEBEAR**

**JAMES MICHAEL BENSON**

**CHRISTOPHER JOHN BROCKSBOM**

**FRANCOISE COLLOCH**

**HENRI de CASTRIES**

**JOSEPH LEWIS DIONNE**

**WILLIAM TODD ESREY**

**JEAN-RENE FOURTOU**

**DR. NORMAN CHRISTOPHER FRANCIS**

**DONALD JOHN GREENE**

**JOHN THOMAS HARTLEY**

**JOHN HENRY FARRELL HASKELL, JR.**

**WILLIAM EDWIN JARMAN**

**RICHARD HAMPTON JENRETTE**

**GEORGE DONALD JOHNSTON, JR.**

**WINTHROP KNOWLTON**

**ARTHUR LAWRENCE LIMAN**

**GEORGE THEODORE LOWY**

**JOSEPH JAMES MELONE**

**DOIER PINEAU-VALENCIENNE**

**GEORGE JOHN SELLA, JR.**

**DAVE HARRELL WILLIAMS**

State of New York |  
County of New York | -88:

**JAMES MICHAEL BENSON**, President and Chief Operating Officer; **ALVIN HENRY FENICHEL**, Senior Vice President and Controller; and **MOLLY KATHLEEN HEINES**, Vice President and Secretary of **THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES**, being duly sworn deposes and says that they are the above described officers of the said insurer, and that on the thirty-first day of December last, all of the herein described, herein named and herein titled officers were the officers of the said insurer.