

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 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90152 039 \*\*\*150.00

**DOCUMENT # 800416**

1. Corporation Name

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

Principal Place of Business

1290 AVENUE OF THE AMERICAS  
ATTN: D. HATTEM  
NEW YORK NY 10104  
US

Mailing Address

135 WEST 50TH STREET - 3RD FLOOR  
ATTN: C. BISHOP  
NEW YORK NY 10020-1201  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1912

4. FEI Number

13-5570651

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

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9. Name and Address of Current Registered Agent

FRIEDMAN, ROBERT M  
2255 GLADES ROAD  
SUITE 412-E  
BOCA RATON FL 33431

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	D	<input checked="" type="checkbox"/> DELETE
NAME	DE CASTRIES, HENRI	
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10104	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SHERMAN, PAULINE	
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10104	
TITLE	SVPT	<input checked="" type="checkbox"/> DELETE
NAME	BYRNE, KEVIN R	
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10104	
TITLE	COB	<input checked="" type="checkbox"/> DELETE
NAME	DIONNE, JOSEPH L.	
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10104	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESREY, WILLIAM T.	
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10104	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLOC'H, FRANCOISE	
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10104	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of Board & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edward D. Miller	
1.3 STREET ADDRESS	1290 Ave. of the Americas	
1.4 CITY-ST-ZIP	New York, N.Y. 10104	
2.1 TITLE	VP & Sec. & Assoc. Gen. Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President & COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael Hegarty	
3.3 STREET ADDRESS	1290 Ave. of the Americas	
3.4 CITY-ST-ZIP	New York, N.Y. 10104	
4.1 TITLE	Vice Chairman of the Board & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stanley B. Tulin	
4.3 STREET ADDRESS	1290 Ave. Of the Americas	
4.4 CITY-ST-ZIP	New York, N.Y. 10104	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Christiane D. Bishop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

(212) 641-8198

Daytime Phone #

CR2E034 (11/98)