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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 834964

(9)

MONY LIFE INSURANCE COMPANY OF AMERICA

MONT EN E MOONFMOE OO	WILLIAM OF THE PROPERTY.		
Principal Place of Business	Mailing Address		
1740 BROADWAY (MAIL DROP 73-12) MD 8-11 NEW YORK, N Y 10019	1740 BROADWAY (M MD 8-11 NEW YORK, N Y 100	•	
US	US		3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1975 02/13/1996
2. Principal Place of Business	2a. Mailing Address	}	4. FEI Number Applied For
21	26	············	86-0222062 Not Applicable
Suite, Apt #, etc	Suite, Apt. #, etc	D.	5. Certificate of Status Desired
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution Added to Fees
24 25	29	30	 This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	of Current Registered Agent		10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER	R OF FLORIDA	81 Name	
CAPITOL BLDG. TALLAHASSEE FL		B2 Street Add	dress (P.O. Box Number is Not Acceptable)
TALLATAGGEE PE		83	
		84 City	FL 85 Zip Code
Pursuant to the provisions of Sections office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE Signature, tripled or printed name of re-	the obligations of, Section 607.05	Statutes, the above-named cor was authorized by the corpore 25. Florida Statutes. (NOTE: Registered Apent signature requ	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	DERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE S	☐ DELE		☐ Change ☐ Addition
NAME WALDMAN, DAVID S.		1.2 NAME	
STREET ADDRESS 500 FRANK W BURR B	BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP TEANECK NJ		1.4 CITY-ST-ZIP	
TITLE PD	☐ DELE		Change Addition
NAME FOTI, SAMUEL J		2.2 NAME	•
STREET ADDRESS 1740 BROADWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY TITLE T	DELE	2 4 CITY+ST-ZIP 15 3 1 TITLE	Change Addition
NAME WEIGEL, DAVID V.		3.2 NAME	Land Orange Land (General)
STREET ADDRESS 500 FRANK W BURR E	BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP TEANECK NJ		3.4. CITY-ST-ZIP	
TITLE VA	☐ DELE		Change Addition
NAME EISENBERG, PHILLIP A	4	4. 2 NAME	
STREET ADDRESS 500 FRANK W BURR E	BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP TEANECK NJ	·····	4.4 CITY - ST - ZIP	
TITLE PDC	☐ DELE	E .	Change Addition
NAME ROTH, MICHAEL I		5.2 NAME	
STREET ADDRESS 1740 BROADWAY		5 3 STREET ADORESS	
CHTY-ST-ZIP NEW YORK NY THLE VCD	DELE	54 CITY+ST-ZIP TE 61 TITLE	Change Addition
NAME DADDARIO, RICHARD	LLI DELL	6.2 NAME	Last Control
STREET ADDRESS 500 FRANK W BURR 6	BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP TEANECK NJ	FW19	6.4 CITY - ST - ZIP	
14. I do hereby certify that the information	n supplied with this filing does not	qualify for the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual re I am an officer or director of the corp	onori or supplemental appual teor		

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

January 28, 1997

(212) 708-2255

FILED

Feb 04 1997 8:00am

Secretary of State

MONY LIFE INSURANCE COMPANY OF AMERICA

TITLE	<u>NAME</u>	<u>ADDRESS</u>
Director & Executive Vice President	Kenneth M. Levine	1740 Broadway NY, NY 10019
Vice President	Sam Chiodo	1740 Broadway NY, NY 10019
Director & Vice President	Margaret G. Gale	One MONY Plaza Syracuse, NY 13202
Vice President	William D. Goodwin	1740 Broadway NY, NY 10019
Vice President	Evelyn L. Peos	1740 Broadway NY, NY 10019
Vice President	Michael Slipowitz	1740 Broadway NY, NY 10019
Director	Stephen J. Hall	1740 Broadway NY, NY 10019
Director	Richard E. Connors	1740 Broadway NY, NY 10019
Director	Charles D. Wyckoff	1740 Broadway NY, NY 10019