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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **834964** **(9)**

1. Corporation Name
MONY LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
1740 BROADWAY (MAIL DROP 73-12) MD 8-11 NEW YORK, N Y 10019 US	1740 BROADWAY (MAIL DROP 73-12) MD 8-11 NEW YORK, N Y 10019 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1740 Broadway Suite, Apt. #, etc. 22 Mail Drop 11-26 City & State 23 New York, NY Zip 24 10019 Country 25 USA	2a. Mailing Address 26 1740 Broadway Suite, Apt. #, etc. 27 Mail Drop 11-26 City & State 28 New York, NY Zip 29 10019 Country 30 USA

3. Date Incorporated or Qualified: 09/05/1975

4. FEI Number: 86-0222062 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER OF FLORIDA CAPITOL BLDG. TALLAHASSEE FL	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WALDMAN, DAVID S.		1.2 NAME		
STREET ADDRESS	500 FRANK W BURR BLVD		1.3 STREET ADDRESS	1740 Broadway	
CITY-ST-ZIP	TEANECK NJ		1.4 CITY-ST-ZIP	New York, NY 10019	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOTI, SAMUEL J		2.2 NAME		
STREET ADDRESS	1740 BROADWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEIGEL, DAVID V.		3.2 NAME		
STREET ADDRESS	500 FRANK W BURR BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TEANECK NJ		3.4 CITY-ST-ZIP		
TITLE	VA	☐ DELETE	4.1 TITLE	VAD	☒ Change ☐ Addition
NAME	EISENBERG, PHILLIP A		4.2 NAME		
STREET ADDRESS	500 FRANK W BURR BLVD		4.3 STREET ADDRESS	1740 Broadway	
CITY-ST-ZIP	TEANECK NJ		4.4 CITY-ST-ZIP	New York, NY 10019	
TITLE	PDC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROTH, MICHAEL I		5.2 NAME		
STREET ADDRESS	1740 BROADWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	DADDARIO, RICHARD		6.2 NAME		
STREET ADDRESS	500 FRANK W BURR BLVD		6.3 STREET ADDRESS	1740 Broadway	
CITY-ST-ZIP	TEANECK NJ		6.4 CITY-ST-ZIP	New York, NY 10019	

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.

SIGNATURE: _____ (212) 708-2000

CR2E034 (10/97)