2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State
03-23-2004 90010 016 ***150.00

DOCUMENT # 834964

1. Entity Name
MONY LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
1740 BROADWAY MAIL DROP 7-21 NEW YORK, NY 10019 US	1740 BROADWAY MAIL DROP 7-21 NEW YORK, NY 10019 US

94034785

01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0222062
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	WALDMAN, DAVID S.
STREET ADDRESS	1740 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	PD
NAME	FOTI, SAMUEL J
STREET ADDRESS	1740 BROADWAY
CITY-ST-ZIP	NEW YORK, NY
TITLE	T
NAME	WEIGEL, DAVID V.
STREET ADDRESS	1740 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	VAD
NAME	SLIPOWITZ, MICHAEL
STREET ADDRESS	1740 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	PDC
NAME	ROTH, MICHAEL I
STREET ADDRESS	1740 BROADWAY
CITY-ST-ZIP	NEW YORK, NY
TITLE	VCD
NAME	DADDARIO, RICHARD
STREET ADDRESS	1740 BROADWAY
CITY-ST-ZIP	TEANECK, NJ 10019

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/12/04 (212)708-2980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#834964

MONY Life Insurance Company of America (AZ)		
	Chairman & Chief Executive Officer	Michael I. Roth
	President & Chief Operating Officer	Samuel J. Foti
	Executive Vice President & Chief Investment Officer	Kenneth M. Levine
	Executive Vice President & Chief Financial Officer	Richard Daddario
	Vice President, Controller & Chief Accounting Officer	Arnold B. Brousell
	Vice President & Actuary	Michael Slipowitz
	Vice President & Chief Compliance Officer	Jay Cohen
	Vice Presidents	Richard E. Connors Margaret G. Gale William D. Goodwin Steven G. Orluck Evelyn L. Peos
	Vice President & Illustration Actuary	Pamela Duffy
	Vice President-Corporate & Strategic Marketing	Sam Chiodo
	Assistant Vice President & Illustration Actuary	Linda J. Rodway
	Assistant Vice Presidents	Susan Bobbette Tamara Bronson James Bryant Darlene Cacciola Harvey Feuer Teresa J. Hoffman-Dewitt
	Treasurer	David V. Weigel
	Assistant Treasurers	Larry Cohen William Maher
	Secretary	David S. Waldman
	Assistant Secretaries	David M. Brown Kirk Bronson David Cher Washington A. Johnson (Tony) Robert A. Levy Gina Masterson John R. McFeely Nina A. Ortega
	Directors	Sam Chiodo Jay M. Cohen Richard E. Connors Richard Daddario Samuel J. Foti Margaret G. Gale Kenneth M. Levine Steven G. Orluck Evelyn L. Peos Michael I. Roth Michael Slipowitz