

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 834964

1. Corporation Name

MONY LIFE INSURANCE COMPANY OF AMERICA

2. Principal Office Address - No P.O. Box #

322 West Roosevelt

Suite, Apt. #, etc.

City & State

Phoenix, AZ

Zip

85003

Country

USA

3. Mailing Office Address

1290 AVENUE OF THE AMERICAS

Suite, Apt. #, etc.

ATTN: S. STERLING

City & State

NEW YORK, NY

Zip

10104

Country

USA

7. Name and Address of Current Registered Agent

Name

Florida Department of Insurance

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
COB CEO	CHRISTOPHER M. CONDRON	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
VP, S AGC	KAREN FIELD HAZIN	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
EVP CFO	RICHARD DZIADZIO	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
SVP DGC	DAVE S. HATTEM	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
D	HENRI DE CASTRIES	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
SVP T	KEVIN R. BYRNE	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Karen Field Hazin

KAREN FIELD HAZIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/08

Date

212-314-4346

Daytime Phone #

FILED

08 AUG 14 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000134467290
08/14/08--01038--003 **1200.00

REINSTATEMENT

05-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/5/1975

5. FEI Number

86-0222062

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.