FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State
06-25-2002 90436 009 ***150.00

DOCUMENT # 804890

1. Entity Name
MONY LIFE INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1740 Broadway	1740 BRoadway
Suite, Apt. #, etc. Mail Drop 7-21	Suite, Apt. #, etc. Mail Drop 7-21
City & State New York, New York	City & State New York, New York
Zip 10019 Country USA	Zip 10019 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1632487 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Insurance Commissioner

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

City: Tallahassee **FL** Zip Code: 32399

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	EVD
NAME	LEVINE, KENNETH M.
STREET ADDRESS	1740 Broadway
CITY-ST-ZIP	New York, NY 10019
TITLE	VPS
NAME	SMITH, LEE M.
STREET ADDRESS	1740 Broadway
CITY-ST-ZIP	New York, NY 10019
TITLE	PCD
NAME	FOTI, SAMUEL J.
STREET ADDRESS	1740 Broadway
CITY-ST-ZIP	New York, NY 10019
TITLE	D
NAME	FARLEY, JAMES B.
STREET ADDRESS	1740 Broadway
CITY-ST-ZIP	New York, NY 10019
TITLE	EVPC
NAME	DADDARIO, RICHARD
STREET ADDRESS	1740 BROADWAY
CITY-ST-ZIP	New York, NY 10019
TITLE	CCD
NAME	ROTH, MICHAEL I.
STREET ADDRESS	1740 Broadway
CITY-ST-ZIP	New York, NY 10019

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/19/2002 (212)708-2926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL I. ROTH

MONY THE MONY GROUP

MONY Life Insurance Company
1740 Broadway
New York, NY 10019
www.mony.com
212 708 2926
212 708 2278 Fax
ssterlin@mony.com

Stacey Sterling
Legal Assistant – Operations

June 20, 2002

VIA OVERNIGHT MAIL
Uniform Business Report
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: MONY Life Insurance Company
Document #804890 – Uniform Business Report
11837

Dear Sir or Madam:

Please be advised that this is the second consecutive year that we did not receive the original Uniform Business Report. Therefore, enclosed is a downloaded 2002 Uniform Business Report filed on behalf of MONY Life Insurance Company. Also enclosed is the requisite filing fee of $150.00.

Any questions regarding this report should be directed to the undersigned.

Thank you.

Very truly yours,

Stacey M. Sterling

SMS
Enclosures