2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State
03-23-2004 90005 046 ***150.00

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1. Entity Name
MONY LIFE INSURANCE COMPANY

94034505

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

01222004 No Chg-P CR2E034 (10/03)

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

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	EVD
NAME	LEVINE, KENNETH M
STREET ADDRESS	1740 BRAODWAY
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	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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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) 708-2986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

#804890

MONY Life Insurance Company (NY)		
	Chairman & Chief Executive Officer	Michael I. Roth
	President & Chief Operating Officer	Samuel J. Foti
	Executive Vice President & Chief Financial Officer	Richard Daddario
	Executive Vice President & Chief Investment Officer	Kenneth M. Levine
	Executive Vice President & Chief Distribution Officer	Steven G. Orluck
	Senior Vice President, Annuity Operations	Richard E. Connors
	Senior Vice President, Life Operations	Evelyn L. Peos
	Senior Vice President & Chief Information Officer	Ernest P. Rogers
	Senior Vice President & General Counsel	Bart Schwartz
	Senior Vice President, Closed Block & Chief Actuary	Michael Slipowitz
	Senior Vice President, Human Resources	Kimberly Windrow
	Senior Vice President & Chief Agency Officer	Robert O. Wright (Bucky)
	Vice President & Controller	Arnold B. Brousell
	Vice President & Chief Corporate Compliance Officer	Jay Cohen
	Vice President, Government Relations & Corporate Secretary	Lee M. Smith
	Vice President – Treasurer	David Weigel
	Directors	**Tom H. Barrett** **David L. Call** **G. Robert Durham** **Margaret M. Foran** Samuel J. Foti **Robert Holland, Jr.** **James L. Johnson** **Frederick W. Kanner** **Robert R. Kiley** Kenneth M. Levine **Jane C. Pfeiffer** Micheal I. Roth **Thomas C. Theobald** **David M. Thomas**