PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG 14 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 804890

1. Corporation Name

MONY LIFE INSURANCE COMPANY

REINSTATEMENT (R 12/98 - 12/07) 05-08

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1290 AVE OF THE AMERICAS	1290 AVE OF THE AMERICAS
Suite, Apt. #, etc.: ATTN: S. STERLING	Suite, Apt. #, etc.: ATTN: S. STERLING
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10104 Country: USA	Zip: 10104 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/6/1938

5. FEI Number: 13-1632487 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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:

☐ 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.

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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 8/8/08 212-314-4346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #