2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

DOCUMENT# 804890

Entity Name: MONY LIFE INSURANCE COMPANY

Current Principal Place of Business:

1290 AVE OF THE AMERICAS
ATTN: S. STERLING
NEW YORK, NY 10104 US

New Principal Place of Business:

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104 US

Current Mailing Address:

1290 AVE OF THE AMERICAS
ATTN: S. STERLING
NEW YORK, NY 10104 US

New Mailing Address:

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104 US

FEI Number: 13-1632487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CONDRON, CHRISTOPHER M PD
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

Title: VPS
Name: HAZIN, KAREN FIELD VPS
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

Title: TRES
Name: BYRNE, KEVIN R TRES
Address: 1290 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10104 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA LOUIS POA 04/03/2012

Electronic Signature of Signing Officer or Director Date