2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 813634

1. Entity Name
AVIVA LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
108 MYRTLE STREET	108 MYRTLE STREET
QUINCY, MA 02171	QUINCY, MA 02171 US

50061323

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06302005 Chg-P CR2E034 (10/03)
City & State	City & State	**4.** FEI Number 04-2235236 / Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ / **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 _____

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

FILE NOW!!! FEE IS $150.00 Due by September 7, 2005	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SVPD	☐ Delete	TITLE	SVPD COO	☒ Change ☐ Addition
NAME	KYPTA, RICHARD J.		NAME		
STREET ADDRESS	108 MYRTLE STREET		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, MA 02171		CITY-ST-ZIP		
TITLE	SVP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	CRONIN, MARGOT R		NAME		
STREET ADDRESS	108 MYRTLE STREET		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, MA 02171		CITY-ST-ZIP		
TITLE	SVD	☐ Delete	TITLE	SVPD CFO	☒ Change ☐ Addition
NAME	WHITEHEAD, JEFFEREY J		NAME	Whitehead, Jeffery J.	
STREET ADDRESS	108 MYRTLE STREET		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, MA 02171		CITY-ST-ZIP		
TITLE	VPSG	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GUIMOND, GERALD J		NAME		
STREET ADDRESS	108 MYRTLE STREET		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, MA 02171		CITY-ST-ZIP		
TITLE	PDCE	☐ Delete	TITLE	PDCEO	☒ Change ☐ Addition
NAME	CARSTENSEN, HANS I		NAME	Carstensen, Hans L III	
STREET ADDRESS	108 MYRTLE STREET		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, MA 02171		CITY-ST-ZIP		
TITLE	SVPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHEERIN, MARTIN		NAME		
STREET ADDRESS	108 MYRTLE STREET		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, MA 02171		CITY-ST-ZIP		

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: _____   Todd R. Sajdak VP + Controller   8/9/05   (617) 405-6129

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