

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90140 044 \*\*\*550.00

**DOCUMENT # 813634**

1. Entity Name  
**AVIVA LIFE INSURANCE COMPANY**



Principal Place of Business

**108 MYRTLE STREET  
QUINCY, MA 02171**

Mailing Address

**108 MYRTLE STREET  
QUINCY, MA 02171 US**

**40099307**



2. Principal Place of Business

**Batterymarch Park Bldg III**

3. Mailing Address

**Batterymarch Park Bldg III**

Suite, Apt. #, etc.

**3 Pine Hill Drive**

Suite, Apt. #, etc.

**3 Pine Hill Drive**

City & State

**Quincy, MA**

City & State

**Quincy, MA**

Zip

**02169-7472**

Country

**US**

Zip

**02169-7472**

Country

**US**

07062006

Chg-P

CR2E034 (11/05)

4. FEI Number

**04-2235236**

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**

7. Name and Address of New Registered Agent

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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SVPD	<input type="checkbox"/> Delete
NAME	KYPTA, RICHARD J.	
STREET ADDRESS	108 MYRTLE STREET	
CITY-ST-ZIP	QUINCY, MA 02171	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	WHITEHEAD, JEFFREY J	
STREET ADDRESS	108 MYRTLE STREET	
CITY-ST-ZIP	QUINCY, MA 02171	
TITLE	VPSG	<input type="checkbox"/> Delete
NAME	GUIMOND, GERALD J	
STREET ADDRESS	108 MYRTLE STREET	
CITY-ST-ZIP	QUINCY, MA 02171	
TITLE	PDCE	<input type="checkbox"/> Delete
NAME	CARSTENSEN, HANS L III	
STREET ADDRESS	108 MYRTLE STREET	
CITY-ST-ZIP	QUINCY, MA 02171	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	SHEERIN, MARTIN	
STREET ADDRESS	108 MYRTLE STREET	
CITY-ST-ZIP	QUINCY, MA 02171	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Batterymarch Park Bldg III	
STREET ADDRESS	3 Pine Hill Drive	
CITY-ST-ZIP	Quincy, MA 02169-7472	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Batterymarch Park Bldg III	
STREET ADDRESS	3 Pine Hill Drive	
CITY-ST-ZIP	Quincy, MA 02169-7472	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Batterymarch Park Bldg III	
STREET ADDRESS	3 Pine Hill Drive	
CITY-ST-ZIP	Quincy, MA 02169-7472	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Batterymarch Park Bldg III	
STREET ADDRESS	3 Pine Hill Drive	
CITY-ST-ZIP	Quincy, MA 02169-7472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Elizabeth A. Dowd*

Elizabeth A. Dowd, Dir

(617) 405-6075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

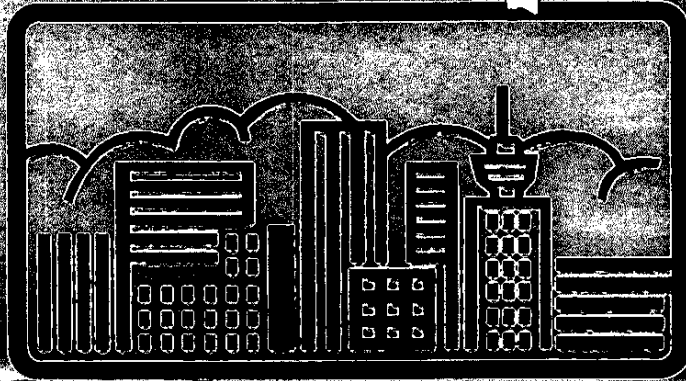
Date

Daytime Phone #

ATTACHMENT

40099307

#87 3639



AVIVA LIFE INSURANCE COMPANY

ADDRESS CHANGE

PLEASE NOTE EFFECTIVE JUNE 1, 2006

NEW ADDRESS

BATTERYMARCH PARK BLDG III

3 PINE HILL DRIVE

QUINCY, MA 02169-7472