2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 08, 2007 8:00 am **Secretary of State** DOCUMENT # 813634 1. Entity Name 03-08-2007 90022 023 ***150.00 AVIVA LIFE INSURANCE COMPANY Principal Place of Business Mailing Address BATTERYMARCH PARK BLDG III BATTERYMARCH PARK BLDG III 3 PINE HILL DR 3 PINE HILL DR QUINCY MA 02169-7472 QUINCY MA 02169-7472 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 04-2235236 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000 City 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) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THTLE THE ☐ Delete ☐ Change Addition KYPTA, RICHARD J. NAME NAMI BATTERYMARCH PK BLDGIII 3 PINE HILL DR STREET ADDRESS STREET ADDRESS QUINCY MA 02169-7472 CITY-ST-ZIP CITY-ST-Z!P HILE Delete Addition WHITEHEAD, JEFFFREY J NAME NAM! BATTERYMARCH PK BLDGIII 3 PINE HILL DR STREET ADDRESS STREET ADDRESS QUINCY MA 02169-7472 CHY-ST-7IP CITY-ST-ZIP VPSG Delete TITLE Change Addition GUIMOND, GERALD J NAME NAME BATTERYMARCH PK BLDGIII 3 PINE HILL DR----STREET ADDRESS STREET ADDRESS. QUINCY MA 02169-7472 CiTy ST-ZiP City-St-7/2 TILLE Delete HHE K Change ☐ Addition CARSTENSEN, HANS L III Thomas c. GodLASKY NAME NAME BATTERYMARCH PK BLDGIII 3 PINE HILL DR STREET ADDRESS STREET ADDRESS QUINCY MA 02169-7472 CITY-ST-7fP CITY-ST-ZIP SVPD TIFLE Delete Change ☐ Addition SHEERIN, MARTIN NAME NAME BATTERYMARCH PK BLDGIII 3 PINE HILL DR STREET ADDRESS STREET ADDRESS QUINCY MA 02169-7472 CITY-ST-ZIP CHTY-ST-ZIP IIIŒ ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY - ST- ZIP

SIGNATUR	Ε	
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CITY-SI-ZIP

2/14/07 (617)405-6075
Daylers Phone *

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