

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Secretary of State

03-08-2007 90022 023 ***150.00

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1. Entity Name

AVIVA LIFE INSURANCE COMPANY



Principal Place of Business

BATTERYMARCH PARK BLDG III
3 PINE HILL DR
QUINCY MA 02169-7472

Mailing Address

BATTERYMARCH PARK BLDG III
3 PINE HILL DR
QUINCY MA 02169-7472
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: SVPD
NAME: KYPTA, RICHARD J.
STREET ADDRESS: BATTERYMARCH PK BLDGIII 3 PINE HILL DR
CITY- ST- ZIP: QUINCY MA 02169-7472 ☐ Delete