FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 4:12

DOCUMENT # **818938** **(3)**

1. Corporation Name

MASSACHUSETTS GENERAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
7887 E BELLEVIEW AVE ENGLEWOOD CO 80111	7887 E BELLEVIEW AVE ENGLEWOOD CO 80111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1965
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 04-2299444 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COMMISSIOONER OF INSURANCE
STATE TREASURE'S OFFICE
STATE CAPITOL PLAZA LEVEL ELEVEN
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCD	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHN W. GARDINER	1.2 NAME		
STREET ADDRESS	7887 EAST BELLEVIEW AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP		
TITLE	SEV	2.1 TITLE	EXEC. V.P.	☐ Change ☒ Addition
NAME	JAMES R. KERBER	2.2 NAME	PAZ, GEORGE	
STREET ADDRESS	7887 EAST BELLEVIEW AVENUE	2.3 STREET ADDRESS	7887 E. BELLEVIEW AVE	
CITY-ST-ZIP	ENGLEWOOD, CO 00000	2.4 CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	SVP	3.1 TITLE	SVP &	☒ Change ☒ Addition
NAME	ROBERT P. L'ESPERANCE	3.2 NAME	ROBERT P. L'ESPERANCE	
STREET ADDRESS	7887 EAST BELLEVIEW AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, CO 00000	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE	P & D	☐ Change ☒ Addition
NAME	GREGORY J. PALMQUIST	4.2 NAME	GREGORY J. PALMQUIST	
STREET ADDRESS	7887 EAST BELLEVIEW AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, CO 00000	4.4 CITY-ST-ZIP		
TITLE	EVT	5.1 TITLE	EVT & S.T.	☐ Change ☐ Addition
NAME	LUZIETTI, KENNETH G	5.2 NAME	LUZIETTI, KENNETH	
STREET ADDRESS	7887 EAST BELLEVIEW AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, CO 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	EVP	☐ Change ☒ Addition
NAME	COUNCILL, GEORGE E	6.2 NAME	JAMES R. MCDONOUGH	
STREET ADDRESS	7887 EAST BELLEVIEW AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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

0470071 FP