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

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 823708 (3)

1. Corporation Name
KEYPORT LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
125 HIGH STREET BOSTON MA 02110-9712	125 HIGH STREET BOSTON MA 02110-9712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 11/24/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 05-0302931 — ☐ 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	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32304	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	V — ☒ Change ☐ Addition
NAME	MARINELLA, SABINO	1.2 NAME	Jeffery J. Whitehead
STREET ADDRESS	27 LOUISE DR.	1.3 STREET ADDRESS	11 Puritan Road
CITY-ST-ZIP	WELLESLEY MA	1.4 CITY-ST-ZIP	Hingham, MA 02043
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	ROSENTEEL, JOHN	2.2 NAME	
STREET ADDRESS	197 8TH STREET, SUITE 04	2.3 STREET ADDRESS	13 Glen Oaks Drive
CITY-ST-ZIP	CHARLESTOWN MA	2.4 CITY-ST-ZIP	Wayland, MA 01778
TITLE	VT	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, LEE ROY	3.2 NAME	
STREET ADDRESS	11 WANDERS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HINGHAM MA	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	☐ Change ☐ Addition
NAME	BAIRD, ROBERT ROYCE	4.2 NAME	
STREET ADDRESS	380 CHRUCH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUXBURY MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BALLOU, F. R.	5.2 NAME	
STREET ADDRESS	25 FREEMAN PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	MONAHAN, MICHAEL M.	6.2 NAME	
STREET ADDRESS	1360 GREAT PLAIN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA	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] Jeffery J. Whitehead 4/28/95 (617)526-1660

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

0383411 FP