

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 823708 (3)

1. Corporation Name

KEYPORT LIFE INSURANCE COMPANY

Principal Place of Business

125 HIGH STREET
BOSTON MA 02110-9712

Mailing Address

125 HIGH STREET
BOSTON MA 02110-9712



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/24/1969

3a. Date of Last Report

05/01/1995

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME WHITEHEAD, JEFFERY J
STREET ADDRESS 11 PURITAN ROAD
CITY-STATE-ZIP HINGHAM MA

TITLE PD ☐ DELETE

NAME ROSENTEEL, JOHN
STREET ADDRESS 13 GLEN OAKS DRIVE
CITY-STATE-ZIP WAYLAND MA

TITLE VT ☐ DELETE

NAME ROBERTS, LEE ROY
STREET ADDRESS 11 WANDERS DR.
CITY-STATE-ZIP HINGHAM MA

TITLE VS ☒ DELETE

NAME BAIRD, ROBERT ROYCE
STREET ADDRESS 380 CHURCH ST.
CITY-STATE-ZIP DUXBURY MA

TITLE D ☐ DELETE

NAME BALLOU, F. R.
STREET ADDRESS 25 FREEMAN PKWY
CITY-STATE-ZIP PROVIDENCE RI

TITLE V ☒ DELETE

NAME MONAHAN, MICHAEL M.
STREET ADDRESS 1360 GREAT PLAIN AVENUE
CITY-STATE-ZIP NEEDHAM MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President & Treasurer ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Vice President ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE A.V.P. & Controller ☐ Change ☒ Addition

6.2 NAME Scott E. Morin

6.3 STREET ADDRESS 15 Crestwood Road

6.4 CITY-STATE-ZIP Windham, NH

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)(k), 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

Jeffery J. Whitehead

03/26/96

(617)526-1680

Date

Daytime Phone #

CR2E034 (12/95)