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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
125 HIGH STREET BOSTON MA 02110-9712	125 HIGH STREET BOSTON MA 02110-2704

3. Date Incorporated or Qualified: 11/24/1969
3a. Date of Last Report: 04/04/1996
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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32304

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	VT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WHITEHEAD, JEFFERY J		1.2 NAME		
STREET ADDRESS	11 PURITAN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HINGHAM MA		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSENTEEL, JOHN		2.2 NAME		
STREET ADDRESS	13 GLEN OAKS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYLAND MA		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	ROBERTS, LEE ROY		3.2 NAME	ARANT, JOHN III	
STREET ADDRESS	11 WANDERS DR.		3.3 STREET ADDRESS	21 GREENWOOD ST.	
CITY-ST-ZIP	HINGHAM MA		3.4 CITY-ST-ZIP	SHERBORN, MA	
TITLE	VS	☒ DELETE	4.1 TITLE	VS	☐ Change ☒ Addition
NAME	BAIRD, ROBERT ROYCE		4.2 NAME	KLOPPER, JAMES J.	
STREET ADDRESS	380 CHRUCH ST.		4.3 STREET ADDRESS	27 SHIPWAY PLACE	
CITY-ST-ZIP	DUXBURY MA		4.4 CITY-ST-ZIP	CHARLESTOWN, MA	
TITLE	D	☐ DELETE	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	AVPC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORIN, SCOTT E		6.2 NAME		
STREET ADDRESS	15 CRESTWOOD ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINDHAM NH		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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] 4/4/97 (800)633-4500