FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Apr 16 1997 8:00am
Secretary of State

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 02110-2704

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

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

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
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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VT	☐ DELETE
NAME	WHITEHEAD, JEFFERY J	
STREET ADDRESS	11 PURITAN ROAD	
CITY-ST-ZIP	HINGHAM MA	
TITLE	PD	☐ DELETE
NAME	ROSENTEEL, JOHN	
STREET ADDRESS	13 GLEN OAKS DRIVE	
CITY-ST-ZIP	WAYLAND MA	
TITLE	V	☒ DELETE
NAME	ROBERTS, LEE ROY	
STREET ADDRESS	11 WANDERS DR.	
CITY-ST-ZIP	HINGHAM MA	
TITLE	VS	☒ DELETE
NAME	BAIRD, ROBERT ROYCE	
STREET ADDRESS	380 CHRUCH ST.	
CITY-ST-ZIP	DUXBURY MA	
TITLE	D	☐ DELETE
NAME	BALLOU, F. R.	
STREET ADDRESS	25 FREEMAN PKWY	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	AVPC	☐ DELETE
NAME	MORIN, SCOTT E	
STREET ADDRESS	15 CRESTWOOD ROAD	
CITY-ST-ZIP	WINDHAM NH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	ARANT, JOHN III	
3.3 STREET ADDRESS	21 GREENWOOD ST.	
3.4 CITY-ST-ZIP	SHERBORN, MA	
4.1 TITLE	VS	☐ Change ☒ Addition
4.2 NAME	KLOPPER, JAMES J.	
4.3 STREET ADDRESS	27 SHIPWAY PLACE	
4.4 CITY-ST-ZIP	CHARLESTOWN, MA	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: SECRETARY OF CORPORATION 4/4/97 (508)633-4540

CR2E034 (9/96)