

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # 823708 (3)  
1. Corporation Name  
KEYPORT LIFE INSURANCE COMPANY



|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>125 HIGH STREET<br>BOSTON MA 02110-9712 | Mailing Address<br>125 HIGH STREET<br>BOSTON MA 02110-9712 |
|------------------------------------------------------------------------|------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                     |  |                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br>11/24/1969<br>4. FEI Number<br>05-0302931<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                        |  |                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br>INSURANCE COMMISSIONER<br>THE CAPITOL BLDG.<br>TALLAHASSEE FL 32304 |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | VT<br>WHITEHEAD, JEFFERY J<br>11 PURITAN ROAD<br>HINGHAM MA  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PD<br>ROSENTEEL, JOHN<br>13 GLEN OAKS DRIVE<br>WAYLAND MA    | 1.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             | V<br>ARANT, JOHN I<br>21 GREENWOOD ST<br>SHERBORN MA         | 1.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CITY-ST-ZIP                | VS<br>KLOPPER, JAMES J<br>27 SHIPWAY PLACE<br>CHARLESTOWN MA | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | D<br>BALLOU, F. R.<br>25 FREEMAN PKWY<br>PROVIDENCE RI       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | AVPC<br>MORIN, SCOTT E<br>15 CRESTWOOD ROAD<br>WINDHAM NH    | 2.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                                                              | 2.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |                                                              | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |                                                              | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                                              | 3.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                                                              | 3.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |                                                              | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |                                                              | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                                              | 4.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                                                              | 4.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |                                                              | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |                                                              | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                                              | 5.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                                                              | 5.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |                                                              | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |                                                              | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                                              | 6.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                                                              | 6.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                |                                                              | 6.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I 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 \_\_\_\_\_ DATE 4/22/98 (800) 633-4500

CR2E034 (10/97)