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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90258 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 823708

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1969

4. FEI Number

05-0302931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

TITLE	VT	<input type="checkbox"/> DELETE
NAME	WHITEHEAD, JEFFERY J	
STREET ADDRESS	11 PURITAN ROAD	
CITY-ST-ZIP	HINGHAM MA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSENTEEL, JOHN	
STREET ADDRESS	13 GLEN OAKS DRIVE	
CITY-ST-ZIP	WAYLAND MA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEFEVRE, JR. P	
STREET ADDRESS	32 MOULTON RD	
CITY-ST-ZIP	DUXBURY MA 02332	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KLOPPER, JAMES J	
STREET ADDRESS	27 SHIPWAY PLACE	
CITY-ST-ZIP	CHARLESTOWN MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BALLOU, F. R.	
STREET ADDRESS	25 FREEMAN PKWY	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	AV	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	LEFEVRE, JR. PAUL
2.4 CITY-ST-ZIP	32 MOULTON ROAD DUXBURY, MA 02332
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	BECKERLEGGE, BERNARD R
3.4 CITY-ST-ZIP	48 PAINE AVENUE PRIDES CROSSING, MA 01965
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	NYMAN, ROBERT C
5.4 CITY-ST-ZIP	12 COOKE STREET PROVIDENCE, RI 02906
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	KOCH, BERNARD M
6.4 CITY-ST-ZIP	9 COLE DRIVE MEDFIELD, MA 02052

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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffery Whitehead

4/27/99

Date

(800) 633-4500

Daytime Phone #

CR2E034 (11/98)