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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 3:57

DOCUMENT # 831503 (8)

1. Corporation Name
FIRST VARIABLE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
600 ATLANTIC AVE 28TH FLR BOSTON MA 02210 US	600 ATLANTIC AVE 28TH FLOR BOSTON MA 02210 US

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 12/19/1973
3a. Date of Last Report: 04/19/1994
4. FEI Number: 71-6062723 ☐ 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 BUILDING
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITT, DAVID V. 600 ATLANTIC AVE. BOSTON MA	DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MAJERUS, FRANCIS D. 1 MONARCH PLACE SPRINGFIELD MA	DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP LAWRENCE, BRUCE A. 600 ATLANTIC AVE BOSTON MA	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GLYNN, JOHN P. 600 ATLANTIC AVE. BOSTON MA	DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPC COULTON, JOHN A. 1 MONARCH PLACE SPRINGFIELD MA	DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT REYNOLDS, MARK E. 600 ATLANTIC AVE BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Grodnick, Scott R. 600 Atlantic Ave. Boston, MA	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VTS Reynolds, Mark E. 600 Atlantic Ave. Boston, MA	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SVP Lawrence, Bruce D. 600 Atlantic Ave. Boston, MA	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP, Chief Actuary Martin Sheerin 600 Atlantic Ave. Boston, MA	☐ Change ☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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 and force 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: Mark E. Reynolds Mark E. Reynolds 2/1/95 (617)228-0625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473463 FP