FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

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

2. Principal Place of Business: 21 10 Post Office Sq.
Suite, Apt. #, etc.: 22 Suite 1200
City & State: 23 Boston Ma
Zip: 24 02109 Country: 25 USA

2a. Mailing Address: 26 Same
Suite, Apt. #, etc.: 27 "
City & State: 28 "
Zip: 29 " Country: 30 "

3. Date Incorporated or Qualified: 12/19/1973
3a. Date of Last Report: 02/14/1995
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 ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	GRODNICK, SCOTT R	
STREET ADDRESS	600 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA	
TITLE	VTS	☐ DELETE
NAME	REYNOLDS, MARK E	
STREET ADDRESS	600 ATLANTIC AVE	
CITY-ST-ZIP	SPRINGFIELD MA	
TITLE	SVP	☑ DELETE
NAME	LAWRENCE, BRUCE A.	
STREET ADDRESS	600 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA	
TITLE	VPCA	☐ DELETE
NAME	SHEERIN, MARTIN	
STREET ADDRESS	600 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA	
TITLE	VPT	☐ DELETE
NAME	REYNOLDS, MARK E.	
STREET ADDRESS	600 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☐ Addition
1.2 NAME	Stephan Largent	
1.3 STREET ADDRESS	10 PO Square, 12th Floor	
1.4 CITY-ST-ZIP	Boston Ma 02109	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP Legal & Administration & Secretary	☑ Change ☐ Addition
3.2 NAME	Arnold R. Bergman	
3.3 STREET ADDRESS	10 PO Square, 12th Floor	
3.4 CITY-ST-ZIP	Boston, Ma 02109	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Steve Largent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHAN LARGENT

Date: 2/20 Daytime Phone #: 617 457 6700

CR2E034 (12/95)