FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **833960** **(8)**

1. Corporation Name

EQUITABLE VARIABLE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
CONTROLLERS DEPT., 135 W. 50TH ST. 3RD FLOOR NEW YORK NY 10020	CONTROLLERS DEPT., 135 W. 50TH ST. 3RD FLOOR NEW YORK NY 10020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/11/1975
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 13-2729441 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIEDMAN, ROBERT M.
LAKE WYMAN PLAZA,
2424 N. FEDERAL HWY., SUITE 200
BOCA RATON FL 33431

new address

10. Name and Address of New Registered Agent

81 Name: Friedman, Robert M
82 Street Address (P.O. Box Number is Not Acceptable): The EQUITABLE - 1 Boca Plaza
83: 2255 Glades Road Suite 412-E
84 City: Boca Raton, FL FL 85 Zip Code: 33431

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☑ Addition
NAME	BENSON, JAMES M	1.2 NAME	
STREET ADDRESS	787 SEVENTH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	zip code 10019-6082
TITLE	V	2.1 TITLE	☐ Change ☑ Addition
NAME	FOX, STANLEY A	2.2 NAME	
STREET ADDRESS	135 W 50 STR, AMA/10	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	zip code 10020-1201
TITLE	V	3.1 TITLE	☐ Change ☑ Addition
NAME	LIDDLE, J. THOMAS JR.	3.2 NAME	
STREET ADDRESS	787 SEVENTH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 0	3.4 CITY-ST-ZIP	zip code 10019-6082
TITLE	V	4.1 TITLE	☐ Change ☑ Addition
NAME	SHLESINGER, SAMUEL B.	4.2 NAME	
STREET ADDRESS	787 SEVENTH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 0	4.4 CITY-ST-ZIP	zip code 10019-6082
TITLE	T	5.1 TITLE	☐ Change ☑ Addition
NAME	BYRNE, KEVIN R.	5.2 NAME	
STREET ADDRESS	787 SEVENTH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 0	5.4 CITY-ST-ZIP	zip code 10019-6082
TITLE	S	6.1 TITLE	☐ Change ☑ Addition
NAME	HEINES, MOLLY K.	6.2 NAME	
STREET ADDRESS	787 SEVENTH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	zip code 10019-6082

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 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: Michele Cantelmo 2/24/95 212-641-8342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001112 CP