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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

833960

(8)

EQUITABLE VARIABLE LIFE INSURANCE COMPANY Mailing Address Principal Place of Business CONTROLLERS DEPT.. CONTROLLERS DEPT .. 135 W. 50TH ST. 3RD FLOOR 135 W. SOTH ST. 3RD FLOOR NEW YORK NY 10020 NEW YORK NY 10020 3a. Date of Last Report 3. Date Incorporated or Qualified 03/11/1975 03/03/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 <u> 13-2729441</u> 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing City & State City & State \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s 199.032, Zip Country Ζip Florida Statutes Yes No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FRIEDMAN, ROBERT M. Street Address (P.O. Box Number is Not Acceptable) 82 THE EQUITABLE - 1 BOC PLAZA 83 2555 GLADES ROAD, SUITE 412 **BOCA RATON FL 33431** Zip Code City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Hagesterad Agent signature required when renistating) Signature, typed or printed name of registered agent and title if applicants ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change Addition 1 1 TITLE TITLE 1.2 NAME BENSON, JAMES M NAME 1.3 STREET ADDRESS 787 SEVENTH AVE STREET ADDRESS **NEW YORK NY** 1.4 City - ST - ZIP City-St-7iP Change Addition □ DELETE 2 1 TITLE DISE 2.2 NAME NAME FOX, STANLEY A STREET ADDRESS 135 W 50 STR, AMA/10 2.3 STREET ADDRESS 2 4 CITY - ST - Z:P CITY+S1-7IP NEW YORK NY Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME LIDDLE, J. THOMAS JR. NAME 3.3 SUBELL ADDRESS 787 SEVENTH AVENUE STREET ADDRESS NEW YORK, NY 0 3.4 CITY - \$1 - ZIF CITY - ST - ZIP Change Addition DFLETE 4. 1 THILE TITLE 4.2 NAME NAME SHLESINGER, SAMUEL B. 787 SEVENTH AVENUE 4.3 STREET ADDRESS STREET ADDRESS NEW YORK, NY 0 4.4 CITY - ST- ZIP CITY-S1-ZIP ☐ Addition DELETE 5 1 TIT: F TITLE 5.2 NAME BYRNE, KEVIN R. NAME **787 SEVENTH AVENUE** 5.3 STREET ADDRESS STREET ADDRESS NEW YORK, NY 0 5.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE 6.1 TITLE TITLE Payline Sherman 787 Seventh Avenue 6.2 NAME HEINES, MOLLY K. NAME 6.9 STREET ADDRESS 787 SEVENTH AVENUE STREET ADDRESS NewYork

64 CITY-ST-ZIP

NEW YORK NY

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. 2/15/96 >12/641-834)

EQUITABLE VARIABLE LIFE INSURANCE COMPANY

CR2E034 (12/95)