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
1995 JUN 12 PM 3:43

(1)

DOCUMENT # 842513

1. Corporation Name
MBL LIFE ASSURANCE CORPORATION

Principal Place of Business	Mailing Address
520 Broad Street Newark, NJ 07102-0184	520 Broad Street Newark, NJ 07102-0184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/1/1979
3a. Date of Last Report: 2/21/94

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 31-0824350 ☐ 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

Insurance Commissioner
State of Florida
Capitol Building
Tallahassee, Florida 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 _____ DATE
*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	VP	☒ Change ☐ Addition
NAME*	CIARKOWSKI, EUGENE J.	12 NAME		
STREET ADDRESS	520 Broad Street	13 STREET ADDRESS		
CITY ST ZIP	Newark, NJ	14 CITY ST ZIP		
TITLE	DP	21 TITLE	P	☒ Change ☐ Addition
NAME	Palmieri, Victor H.	22 NAME	Martosella, Jr., Peter A.	
STREET ADDRESS	520 Broad Street	23 STREET ADDRESS		
CITY ST ZIP	Newark, NJ	24 CITY ST ZIP		
TITLE	VPGC	31 TITLE	EVP, GC, S	☒ Change ☐ Addition
NAME	CASCIANO, FRANK D.	32 NAME		
STREET ADDRESS	520 Broad Street	33 STREET ADDRESS		
CITY ST ZIP	Newark, NJ	34 CITY ST ZIP		
TITLE	VPCO	41 TITLE	EVP, COO	☒ Change ☐ Addition
NAME	KOERBER, KATHLEEN M.	42 NAME	900001517459	
STREET ADDRESS	520 Broad Street	43 STREET ADDRESS	-06/20/95--01050--016	
CITY ST ZIP	Newark, NJ	44 CITY ST ZIP	****233.75 ****233.75	
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	CLARK, WILLIAM C.	52 NAME		
STREET ADDRESS	520 Broad Street	53 STREET ADDRESS		
CITY ST ZIP	Newark, NJ	54 CITY ST ZIP		
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	SCHAEFER, KENNETH K.	62 NAME		
STREET ADDRESS	520 Broad Street	63 STREET ADDRESS		
CITY ST ZIP	Newark, NJ	64 CITY ST ZIP	SCC 6-12-95	

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 above, or on an attachment with an address.

SIGNATURE: Frank D. Casciano — Frank D. Casciano — 5/25/95 — (201) 481-8159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

842513 (2)

MBL LIFE ASSURANCE CORPORATION
BOARD OF DIRECTORS

Honorable Andrew J. Karpinski
Commissioner of Insurance
New Jersey Department of Insurance
20 W. State Street - CN 325
Trenton, New Jersey 08625-0325

Mr. Donald Bryan
Acting Assistant Commissioner
New Jersey Department of Insurance
20 W. State Street - CN 325
Trenton, New Jersey 08625-0325

Ms. Karen E. Mitchell
Chief Examiner
New Jersey Department of Insurance
20 W. State Street - CN 325
Trenton, New Jersey 08625-0325

Mr. John Kerr
Assistant Chief Financial Analyst
New Jersey Department of Insurance
20 W. State Street - CN 325
Trenton, New Jersey 08625-0325

Mr. Harry D. Garber, Chairman
GENESCO, Inc.
GENESCO Park
Suite 490
P.O. Box 731
Nashville, Tennessee 37202-0731

Mr. Richard W. Klipstein
Executive Vice President
Insurance Services
c/o National Organization of Life
and Health Insurance Guaranty
Association
13873 Park Center Road
Suite 329
Herndon, Virginia 22071

Mr. Sheldon Brooks, FSA, MAAA, CFA
Vice President ans Associate Actuary
The Prudential Asset Management
Company, Inc.
71 Hanover Road
Florham Park, New Jersey 07932-1597

Felix Schrippa
Vice President - Pensions
National Accounts
The Metropolitan Life Insurance
Co.
One Madison Avenue - Area 3A
New York, NY 10010-3690

Robert F. Pellecchia
Deputy Commissioner of
Insurance
New Jersey Department of
Insurance
20 W. State Street
CN 325
Trenton, NJ 08625

ATTACHMENT TO THE
1995 Annual Report for MBL Life Assurance Corporation

12.

SVP
RYAN, MICHAEL S.
520 Broad Street
Newark, NJ

SVP
GYPTON, JAMES C.
520 Broad Street
Newark, NJ

SVP
COMPITELLO, YVONNE M.
520 Broad Street
Newark, NJ

AS
MARTIN, THOMAS L.
520 Broad Street
Newark, NJ

AS
WEISS, WILLIAM E.
520 Broad Street
Newark, NJ