

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 842513

(4)

1. Corporation Name

MBL LIFE ASSURANCE CORPORATION



Principal Place of Business

520 BROAD ST  
NEWARK NJ 07102-0184

Mailing Address

520 BROAD ST  
NEWARK NJ 07102-0184

3. Date Incorporated or Qualified  
02/01/1979

3a. Date of Last Report  
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
31-0824350

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24

Country

Zip

Country

25

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
STATE OF FLORIDA  
CAPITOL BUILDING  
TALLAHASSEE FL FL 32304

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME CIARKOWSKI, EUGENE J.  
STREET ADDRESS 520 BROAD ST  
CITY-ST-ZIP NEWARK NJ ☒ DELETE

1.1 TITLE President & CEO ☐ Change ☒ Addition  
1.2 NAME BOWERS, ALAN J.  
1.3 STREET ADDRESS 520 BROAD STREET  
1.4 CITY-ST-ZIP NEWARK, NJ 07102

TITLE P  
NAME MARTOSELLA, PETER A., JR.  
STREET ADDRESS 520 BROAD ST  
CITY-ST-ZIP NEWARK NJ ☒ DELETE

2.1 TITLE Exec. V.P. & CFO ☐ Change ☒ Addition  
2.2 NAME WATSON, KENNETH A.  
2.3 STREET ADDRESS 520 BROAD STREET  
2.4 CITY-ST-ZIP NEWARK, NJ 07102

TITLE EVPS  
NAME CASCIANO, FRANK D  
STREET ADDRESS 520 BROAD ST  
CITY-ST-ZIP NEWARK NJ ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE EVPC  
NAME KOERBER, KATHLEEN M  
STREET ADDRESS 520 BROAD ST  
CITY-ST-ZIP NEWARK NJ ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP  
NAME CLARK, WILLIAM C.  
STREET ADDRESS 520 BROAD ST  
CITY-ST-ZIP NEWARK NJ ☒ DELETE

5.1 TITLE Exec. V.P. & CIO ☐ Change ☒ Addition  
5.2 NAME BUDWICK, ROBERT T.  
5.3 STREET ADDRESS 520 BROAD STREET  
5.4 CITY-ST-ZIP NEWARK, NJ 07102

TITLE T  
NAME SCHAEFER, KENNETH K  
STREET ADDRESS 520 BROAD ST  
CITY-ST-ZIP NEWARK NJ ☐ DELETE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank D. Casciano, Exec. VP, General Counsel & Secretary

2/28/96 201-481-8159

Daytime Phone #

CR2E037 (12/95)