

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1979

4. FEI Number

31-0824350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
STATE OF FLORIDA  
CAPITOL BUILDING  
TALLAHASSEE FL FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE  
NAME BOWERS, ALAN J  
STREET ADDRESS 520 BROAD STREET  
CITY-ST-ZIP NEWARK NJ 07102

TITLE EVP ☐ DELETE  
NAME WATSON, KENNETH A  
STREET ADDRESS 520 BROAD STREET  
CITY-ST-ZIP NEWARK NJ 07102

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

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

TITLE EVP ☐ DELETE  
NAME BUDWICK, ROBERT T  
STREET ADDRESS 520 BROAD STREET  
CITY-ST-ZIP NEWARK NJ 07102

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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 hereby certify that the information supplied with this filing 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 recorder 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

*Handwritten signature*

(977) 481-9159

CR2E034 (10/97)