

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


FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90043 001 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 842513 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			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1979	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 31-0824350		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		
			85 Zip Code FL		
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)					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PCEO	BOWERS, ALAN J	520 BROAD STREET NEWARK NJ 07102	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	EVP	WATSON, KENNETH A	520 BROAD STREET NEWARK NJ 07102	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	EVPS	CASCIANO, FRANK D	520 BROAD ST NEWARK NJ	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	EVPC	KOERBER, KATHLEEN M	520 BROAD ST NEWARK NJ	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	EVP	BUDWICK, ROBERT T	520 BROAD STREET NEWARK NJ 07102	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	T	SCHAEFER, KENNETH K	520 BROAD ST NEWARK NJ	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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, with all other like empowered.

SIGNATURE:  **Frank D. Casciano** 1-27-99 (973) 481-8159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Executive Vice Date Daytime Phone #

CR2E034 (11/98)