

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90022 010 \*\*\*158.75

**DOCUMENT # 850956**

1. Entity Name  
**INVESTORS PARTNER LIFE INSURANCE COMPANY**

Principal Place of Business <b>1209 ORANGE STREET          C/O TAX DEPARTMENTS - 26TH FL          WILMINGTON DE 19801          US</b>	Mailing Address <b>P.O. BOX 717          JOHN HANCOCK PLACE, C-2          BOSTON MA 02117-0717          US</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>13-3072894</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER STATE OF FLORIDA          CAPITAL BUILDING          TALLAHASSEE FL FL 32301</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> Zip Code			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>D'ALESSANDRO, DAVID F</b> <b>JOHN HANCOCK PL</b> <b>BOSTON MA 02117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FORD, MAUREEN R</b> <b>JOHN HANCOCK PL</b> <b>BOSTON MA 02117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TENCZA, ZENON C</b> <b>JOHN HANCOCK PLACE</b> <b>BOSTON MA 02117</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Scavongelli, Peter</b> <b>John Hancock Place</b> <b>Boston, MA 02117</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FIERRO, MARYLOU G</b> <b>JOHN HANCOCK PLACE</b> <b>BOSTON MA 02117</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LUDDY, BARBARA L</b> <b>JOHN HANCOCK PL</b> <b>BOSTON MA 02117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>INDGE, JULIE H</b> <b>JOHN HANCOCK PLACE</b> <b>BOSTON MA 02117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter Scavongelli* January 7, 2002 (617)572-5970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Peter Scavongelli, Corporate Secretary**

CR2E034 (9/01)

Attachment  
907441

Dr # 850954

Additional Directors and Officers Of  
Investors Partner Life Insurance Company

VCPD

Michele G. Van Leer  
197 Clarendon Street  
Boston, MA 02117

V

Barry E. Welch  
P. O. Box 111  
Boston, MA 02117

VD

Bruce M. Jones  
197 Clarendon Street  
Boston, MA 02117

V

Paul F. Haesy  
P. O. Box 111  
Boston, MA 02117

VD

Daniel L. Ouellette  
P. O. Box 111  
Boston, MA 02117

V

Mark W. Davis  
P. O. Box 111  
Boston, MA 02117

VD

Robert S. Paster  
P. O. Box 111  
Boston, MA 02117

V

E. Kendall Hines, Jr.  
P. O. Box 111  
Boston, MA 02117

VD

Robert R. Reitano  
P. O. Box 111  
Boston, MA 02117

V

Deborah H. McAneny  
P. O. Box 111  
Boston, MA 02117

VD

Paul Strong  
197 Clarendon Street  
Boston, MA 02117

V

Phillip J. Peters  
P. O. Box 111  
Boston, MA 02117

V

Stephen J. Blewitt  
P. O. Box 111  
Boston, MA 02117

V

Roger G. Nastou  
P. O. Box 111  
Boston, MA 02117

V

George H. Braun  
P. O. Box 111  
Boston, MA 02117

V

Steven Mark Ray  
P. O. Box 111  
Boston, MA 02117

V  
Willma H. Davis  
P. O. Box 111  
Boston, MA 02117

V  
Francis X. Felton  
P. O. Box 111  
Boston, MA 02117

V  
Scott S. Hartz  
P. O. Box 111  
Boston, MA 02117

V  
C. Bruce Metzler  
P. O. Box 111  
Boston, MA 02117

V  
Todd G. Engelsen  
197 Clarendon Street  
Boston, MA 02117

V  
Barry L. Shemin  
197 Clarendon Street  
Boston, MA 02117

V  
Margaret M. Stapleton  
P. O. Box 111  
Boston, MA 02117

V  
Diane M. Crisileo  
P. O. Box 111  
Boston, MA 02117

Attachment  
907441  
# 850956