

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90134 004 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 850956

1. Entity Name
INVESTORS PARTNER LIFE INSURANCE COMPANY



90047397

Principal Place of Business
 1209 ORANGE STREET
 C/O TAX DEPARTMENTS - 26TH FL
 WILMINGTON, DE 19801 US

Mailing Address
 P.O. BOX 717
 JOHN HANCOCK PLACE, C-2
 BOSTON, MA 02117-0717 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **13-3072894** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER STATE OF FLORIDA
 CAPITAL BUILDING
 TALLAHASSEE FL, FL 32301**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW WITH FEE IS \$165.00
 After May 1, 2003 Fee will be \$550.00
 Make Checks Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD D'ALESSANDRO, DAVID F JOHN HANCOCK PL BOSTON, MA 02117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Bell, Michael A. John Hancock Place Boston, MA 02117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, MAUREEN R JOHN HANCOCK PL BOSTON, MA 02117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Van Leer, Michele G. John Hancock Place Boston, MA 02117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCAVONGELI, PETER JOHN HANCOCK PLACE DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Boston, MA 02117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOCAGE, RONALD JOHN HANCOCK PLACE DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Boston, MA 02117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUDDY, BARBARA L JOHN HANCOCK PL BOSTON, MA 02117 <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	T INDGE, JULIE H JOHN HANCOCK PLACE BOSTON, MA 02117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter Scavongelli* Peter Scavongelli, Secretary 3/7/03 617 572-5970

Attachment

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Additional Directors and Officers Of
Investors Partner Life Insurance Company

VD
Dec Mullarkey
P. O. Box 111
Boston, MA 02117

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

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

VD
Barbara L. Luddy
P. O. Box 111
Boston, MA 02117

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

VD
Paul Strong
197 Clarendon Street
Boston, MA 02117

VD
Ronald J. Bocage
P. O. Box 111
Boston, MA 02117

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

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

V
Paul F. Hahey
P. O. Box 111
Boston, MA 02117

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

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

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

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

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

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

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V

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

V

Stephen J. Blewitt
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

William McPadden
P. O. Box 111
Boston, MA 02117

V

Barry Nectow
P. O. Box 111
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

V

David Henderson
P. O. Box 111
Boston, MA 02117