FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -2 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01259

1. Corporation Name

Keyport America Life Insurance Company

800001485288
-05/12/95--01020--020
****208.75 ****208.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 10/11/45
3a. Date of Last Report: 5/94

2. Principal Place of Business	2a. Mailing Address
21 235 Promenade St.	26 235 Promenade St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 ATTN: Bill Dixon
City & State	City & State
23 Providence, RI	28 Providence, RI
Zip / Country	Zip / Country
24 02908 / 25 USA	29 02908 / 30 USA

4. FEI Number: 61-0403075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	V	☒ Change ☐ Addition
NAME	MARINELLA, SABI.	12 NAME	Jeffery J. Whitehead	
STREET ADDRESS	27 LOUISE DR.	13 STREET ADDRESS	11 Puritan Road	
CITY-ST-ZIP	WELLESLEY MA	14 CITY-ST-ZIP	Hingham, MA 02043	
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	ROSENTEEL, JOHN	22 NAME		
STREET ADDRESS	197 8TH STREET, SUITE 04	23 STREET ADDRESS	13 Glen Oaks Drive	
CITY-ST-ZIP	CHARLESTOWN MA	24 CITY-ST-ZIP	Wayland, MA 01778	
TITLE	VT	31 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, LEE ROY	32 NAME		
STREET ADDRESS	11 WANDERS DR.	33 STREET ADDRESS		
CITY-ST-ZIP	HINGHAM MA	34 CITY-ST-ZIP		
TITLE	VS	41 TITLE		☐ Change ☐ Addition
NAME	BAIRD, ROBERT ROYCE	42 NAME		
STREET ADDRESS	380 CHRUCH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	DUXBURY MA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	VD	☒ Change ☐ Addition
NAME	BALLOU, F. R.	52 NAME	Paul H. Lefevre, Jr.	
STREET ADDRESS	25 FREEMAN PKWY	53 STREET ADDRESS	32 Moulton Road	
CITY-ST-ZIP	PROVIDENCE RI	54 CITY-ST-ZIP	Duxbury, MA 02332	
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	MONAHAN, MICHAEL M.	62 NAME		
STREET ADDRESS	1360 GREAT PLAIN AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	NEEDHAM MA	64 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)(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.

SIGNATURE: Jeffery J. Whitehead 4/28/95 (617)526-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0303411 FP