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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:48

DOCUMENT # P11582 (4)

1. Corporation Name
MERRILL LYNCH LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
800 SCUDDERS MILL RD PLAINSBORO NJ 08536	800 SCUDDERS MILL RD PLAINSBORO NJ 08536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1986
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 91-1325756 ☐ 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

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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 _____ 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	D	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	DUNFORD, DAVID, M	1.2 NAME		
STREET ADDRESS	800 SCUDDERS MILL RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLAINSBORO NJ	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	HELE, JOHN, C.R.	2.2 NAME		
STREET ADDRESS	800 SCUDDERS MILL RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLAINSBORO NJ	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	VESPA, ANTHONY J	3.2 NAME		
STREET ADDRESS	800 SCUDDERS MILL RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLAINSBORO NJ 08536	3.4 CITY-ST-ZIP		
TITLE	DSV	4.1 TITLE		☐ Change ☐ Addition
NAME	SKOLNICK, BARRY	4.2 NAME		
STREET ADDRESS	800 SCUDDERS MILL RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLAINSBORO NJ	4.4 CITY-ST-ZIP		
TITLE	DVT	5.1 TITLE		☐ Change ☐ Addition
NAME	CROWNE, JOSEPH E., JR.	5.2 NAME		
STREET ADDRESS	800 SCUDDERS MILL RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLAINSBORO NJ	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHN CARROLL RAMSEY HELE	6.2 NAME		
STREET ADDRESS	800 SCUDDERS MILL RD	6.3 STREET ADDRESS	*PLEASE DELETE -THIS IS A DUPLICATE*	
CITY-ST-ZIP	PLAINSBORO NJ 08536	6.4 CITY-ST-ZIP	This is the same person as listed above.	

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: Joseph Crowne 1/26/95 609-282-3740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0404243 FN