2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2021
Secretary of State
0612410942CC

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Entity Name: EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

Current Mailing Address:

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104 US

FEI Number: 13-5570651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO, D
Name	PEARSON, MARK
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104

Title	SEVP, GC, S
Name	GONZALEZ, JOSE R.
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104

Title	D
Name	DE OLIVERA, RAMON
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104

Title	D
Name	KAYE, DANIEL
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104

Title	PRESIDENT
Name	LANE, NICHOLAS B.
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104

Title	CFO
Name	RAJU, ROBIN M.
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104

Title	D
Name	HONDAL, FRANCIS S
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104

Title	D
Name	LAMM-TENNANT, JOAN
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE R. GONZALEZ SECRETARY 04/17/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	MATUS, KRISTI
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104

Title	D
Name	SCOTT, BERTRAM L.
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104

Title	D
Name	STANSFIELD, GEORGE H.
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104

Title	D
Name	STONEHILL, CHARLES G.T.
Address	1290 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10104