

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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 21 235 Promenade St. Suite, Apt. #, etc.		2b. Mailing Address 26 235 Promenade St. Suite, Apt. #, etc.		4. FEI Number 61-0403075 Applied For Not Applicable	
23 City & State Providence, RI		27 City & State ATTN: Bill Dixon Providence, RI		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 City, State, Zip & Country 02908 USA		28 City, State, Zip & Country Providence, RI 02908 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 City, State, Zip & Country 02908 USA		25 City, State, Zip & Country 02908 USA		8. This corporation has liability for intangible tax under 5-199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32304				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				B5 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 fee if applicable. (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MARINELLA, SABI 27 LOUISE DR. WELLESLEY MA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	V Jeffery J. Whitehead 11 Puritan Road Hingham, MA 02043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSENTEEL, JOHN 197 8TH STREET, SUITE 04 CHARLESTOWN MA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	XX Change <input type="checkbox"/> Addition 13 Glen Oaks Drive Wayland, MA 01778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT ROBERTS, LEE ROY 11 WANDERS DR. HINGHAM MA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BAIRD, ROBERT ROYCE 380 CHRUCH ST. DUXBURY MA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALLOU, F. R. 25 FREEMAN PKWY PROVIDENCE RI	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	XX Change <input type="checkbox"/> Addition VD Paul H. Lefevre, Jr. 32 Moulton Road Duxbury, MA 02332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MONAHAN, MICHAEL M. 1360 GREAT PLAIN AVENUE NEEDHAM MA	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 in an attachment with an address.

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