

1.) CORPORATION NAME:

MONY Life Insurance Company

DUE DATE: **8/31/2011**

SCC ID NO: **F0001224**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1290 AVENUE OF THE AMERICAS

CITY/ST/ZIP: NEW YORK, NY 10104-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DAVE S HATTEM
TITLE: SR VP/GC
ADDRESS: 1290 AVENUE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10104-

OFFICER

DIRECTOR

NAME: KAREN FIELD HAZIN
TITLE: VP/S/Assoc GC
ADDRESS: 1290 AVENUE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10104-

OFFICER

DIRECTOR

NAME: RICHARD DZIADZIO
TITLE: SR ExecVP/CFO/T
ADDRESS: 1290 AVENUE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10104-

OFFICER

DIRECTOR

NAME: ANDREW MCMAHON
TITLE: PRESIDENT
ADDRESS: 1290 AVENUE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10104-

OFFICER

DIRECTOR

NAME: MARK PEARSON
TITLE: CHAIRMAN/CEO
ADDRESS: 1290 AVENUE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10104-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ KAREN FIELD HAZIN</u>	<u>KAREN FIELD HAZIN, VP/S/Assoc</u>	<u>9/20/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>GC</u> PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.