

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:00

DOCUMENT # **F94000002435 (5)**

1. Corporation Name
SECURITY OF AMERICA LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
ONE WOODFIELD LAKE **ONE WOODFIELD LAKE**
SCHAUMBURG IL 60173 **SCHAUMBURG IL 60173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1994** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-1615213	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** 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 _____ (Signature typed or printed name of registered agent and the corporation) (Date) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JAMES E	2. NAME	
STREET ADDRESS	1150 TERN DRIVE	3. STREET ADDRESS	
CITY - ST - ZIP	PALATINE IL	4. CITY - ST - ZIP	
TITLE	V	7. TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, HENRY A	7. NAME	
STREET ADDRESS	1332 SURREY COURT	8. STREET ADDRESS	
CITY - ST - ZIP	ALGONGUIN IL	9. CITY - ST - ZIP	
TITLE	S	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, JUNE M	3. NAME	
STREET ADDRESS	605 DEBORAH COURT	4. STREET ADDRESS	
CITY - ST - ZIP	SCHAUMBURG IL	5. CITY - ST - ZIP	
TITLE	T	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, CHRISTIAN R	4. NAME	
STREET ADDRESS	860 SURRYSE ROAD	5. STREET ADDRESS	
CITY - ST - ZIP	LAKE ZURICH IL	6. CITY - ST - ZIP	
TITLE	CD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY JR, GORDON E	5. NAME	
STREET ADDRESS	50 SUTTON PLACE, SOUTH	6. STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	7. CITY - ST - ZIP	
TITLE	D	6. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASPER, ROBERT J	6. NAME	Henderson, Greer F.
STREET ADDRESS	17 GULL POINT ROAD	7. STREET ADDRESS	3 Rutgers Court
CITY - ST - ZIP	MONMOUTH BEACH NJ	8. CITY - ST - ZIP	Westfield, NJ 07090

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 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *J.M. Sanders* J. M. Sanders 3/17/95 (708)517-6000
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Signature Page 4)