

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 10 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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



**DOCUMENT # F94000002435 (5)**

1. Corporation Name  
**SECURITY OF AMERICA LIFE INSURANCE COMPANY**

Principal Place of Business

**ONE WOODFIELD LAKE  
SCHAUMBURG IL 60173**

Mailing Address

**ONE WOODFIELD LAKE  
SCHAUMBURG IL 60173**

3. Date Incorporated or Qualified **05/11/1994** 3a. Date of Last Report **04/11/1996**

2. Principal Place of Business

21 **3600 Route 66**

Suite, Apt. #, etc.

22 **P.O. Box 1580**

City & State

23 **Neptune, NJ**

Zip

24 **07754-1580**

Country

25 **USA**

2a. Mailing Address

26 **3600 Route 66**

Suite, Apt. #, etc.

27 **P.O. Box 1580**

City & State

28 **Neptune, NJ**

Zip

29 **07754-1580**

Country

30 **USA**

4. FEI Number

**23-1615213**

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

**INSURANCE COMMISSIONER  
THE CAPITOL  
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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEE, JAMES E</b>	
STREET ADDRESS	<b>1150 TERN DRIVE</b>	
CITY - ST - ZIP	<b>PALATINE IL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARPENTER, HENRY A</b>	
STREET ADDRESS	<b>1332 SURREY COURT</b>	
CITY - ST - ZIP	<b>ALGONGUIN IL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDERS, JUNE M</b>	
STREET ADDRESS	<b>605 DEBORAH COURT</b>	
CITY - ST - ZIP	<b>SCHAUMBURG IL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SWANSON, CHRISTIAN R</b>	
STREET ADDRESS	<b>860 SURRYSE ROAD</b>	
CITY - ST - ZIP	<b>LAKE ZURICH IL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>CROSBY JR, GORDON E</b>	
STREET ADDRESS	<b>50 SUTTON PLACE, SOUTH</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HENDERSON, GREER F.</b>	
STREET ADDRESS	<b>3 RUTGERS COURT</b>	
CITY - ST - ZIP	<b>WESTFIELD NJ</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>William M. Keeler</b>	
1.3 STREET ADDRESS	<b>1401 Lake Shore Drive North</b>	
1.4 CITY - ST - ZIP	<b>Barrington, IL 60010</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>745 Constitution Drive #3</b>	
4.4 CITY - ST - ZIP	<b>Palatine, IL 60074</b>	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>429 East 52nd Street</b>	
5.4 CITY - ST - ZIP	<b>New York, NY 10022</b>	
6.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>James Suleski</b>	
6.3 STREET ADDRESS	<b>110 E. Nassau Avenue</b>	
6.4 CITY - ST - ZIP	<b>So. Plainfield, NJ 07080</b>	

14. I do hereby certify that the information supplied with this filing 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:

*James Suleski*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

Date

(908) 922-7475

Daytime Phone #

0527778

CFR2E034 (9/96)