

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002435 (5)**  
 1. Corporation Name  
**SECURITY OF AMERICA LIFE INSURANCE COMPANY**



Principal Place of Business <b>3600 ROUTE 66                  P.O. BOX 1580                  NEPTUNE NJ 07754-1580                  US</b>	Mailing Address <b>3600 ROUTE 66                  P.O. BOX 1580                  NEPTUNE NJ 07754-1580                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>05/11/1994</b>	Applied For Not Applicable
4. FEI Number <b>23-1615213</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOT Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>KEELER, WILLIAM M</b>
STREET ADDRESS	<b>1401 LAKE SHORE DR NORTH</b>
CITY-ST-ZIP	<b>BARRINGTON 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>ALGONQUIN 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 checked="" type="checkbox"/> DELETE
NAME	<b>SWANSON, CHRISTIAN R</b>
STREET ADDRESS	<b>745 CONSTITUTION DRIVE #3</b>
CITY-ST-ZIP	<b>PALATINE IL</b>
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CROSBY JR, GORDON E</b>
STREET ADDRESS	<b>429 EAST 52ND ST.</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>D</b> <input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Richard E. Stanko</b>
1.3 STREET ADDRESS	<b>3854 Moulin Lane</b>
1.4 CITY-ST-ZIP	<b>Hoffman Estates, IL 60195</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Rodney O. Martin, Jr.</b>
2.3 STREET ADDRESS	<b>99 N. Post Oak Lane #1206</b>
2.4 CITY-ST-ZIP	<b>Houston, TX 77024</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Randy J. Marash</b>
3.3 STREET ADDRESS	<b>30 Woodhollow Drive</b>
3.4 CITY-ST-ZIP	<b>Manalapan, NJ 07726</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Walter E. Bednarski</b>
4.3 STREET ADDRESS	<b>153 Fordham Drive</b>
4.4 CITY-ST-ZIP	<b>Aberdeen, NJ 07747</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Jon Paul Newton</b>
5.3 STREET ADDRESS	<b>1921 Bellmeade</b>
5.4 CITY-ST-ZIP	<b>Houston, TX 77024</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>David N. Dunn</b>
6.3 STREET ADDRESS	<b>600 Oceanview</b>
6.4 CITY-ST-ZIP	<b>Brielle, NJ 08730</b>

14. I 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)