

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 MAY 1 1995

DOCUMENT # **P16011** (9)

1. Corporation Name
SENTINEL AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
2909 N BUCKNER BLVD **2909 N BUCKNER BLVD**
P O BOX 810 **P O BOX 810**
DALLAS TX 75221 **DALLAS TX 75221**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report
09/18/1987 **06/28/1994**

4. FEI Number Applied For / Not Applicable
74-0952935

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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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
FL

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 # of additions) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCARA, CYNTHIA A.
STREET ADDRESS	12051 DE OR
CITY ST ZIP	DALLAS TX
TITLE	D
NAME	HUDSON, C B
STREET ADDRESS	9301 MOSS TRAIL
CITY ST ZIP	DALLAS TX
TITLE	DS
NAME	HUTCHISON, LARRY M.
STREET ADDRESS	902 WESTMINSTER
CITY ST ZIP	DUNCANVILLE TX
TITLE	DT
NAME	COLEMAN, GARY L.
STREET ADDRESS	2105 BRANDEIS DRIVE
CITY ST ZIP	RICHARDSON TX
TITLE	DVP
NAME	MONGROMERY, ROSEMARY J.
STREET ADDRESS	4111 PECAN ORCHARD
CITY ST ZIP	PARKER TX
TITLE	C
NAME	STOCK, SAM E.
STREET ADDRESS	9519 BRENTGATE
CITY ST ZIP	DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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)(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 on an attachment with each filing.

SIGNATURE: *Sam E. Stock* **COMPTROLLER SAM E. STOCK** 5-22-95 (214) 328-2841 814 328 2841