

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P16011** (9)

1. Corporation Name  
**SENTINEL AMERICAN LIFE INSURANCE COMPANY**



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

3. Date Incorporated or Qualified: **09/18/1987** 3a. Date of Last Report: **05/31/1995**  
4. FEI Number: **74-0952935** 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

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

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when changing office) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(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 an address.

SIGNATURE: *Sam E. Stock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

(214) 328-2841

CR2E034 (12/95)