

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 75221-0810
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2. Principal Place of Business 21 3700 S. Stonebridge Dr. Suite, Apt. #, etc. 22	2a. Mailing Address 26 P. O. Box 8070 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 09/18/1987	3a. Date of Last Report 02/13/1996
City & State 23 McKinney, TX Zip Country 24 75070 25 USA	City & State 28 McKinney, TX Zip Country 29 75070 30 USA	4. FEI Number 74-0952935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		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 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCARA, CYNTHIA A.		1.2 NAME Charles Britton Hudson	
STREET ADDRESS 12051 DE OR		1.3 STREET ADDRESS 1612 Cliffview Dr.	
CITY-ST-ZIP DALLAS TX		1.4 CITY-ST-ZIP Plano, TX 75093	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUDSON, C B		2.2 NAME Mark S. McAndrew	
STREET ADDRESS 9301 MOSS TRAIL		2.3 STREET ADDRESS 5901 N Country Club	
CITY-ST-ZIP DALLAS TX		2.4 CITY-ST-ZIP Edmond, OK	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUTCHISON, LARRY M.		3.2 NAME	
STREET ADDRESS 902 WESTMINSTER		3.3 STREET ADDRESS	
CITY-ST-ZIP DUNCANVILLE TX		3.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLEMAN, GARY L.		4.2 NAME	
STREET ADDRESS 2105 BRANDEIS DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP RICHARDSON TX		4.4 CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONGROMERY, ROSEMARY J.		5.2 NAME	
STREET ADDRESS 4111 PECAN ORCHARD		5.3 STREET ADDRESS	
CITY-ST-ZIP PARKER TX		5.4 CITY-ST-ZIP	
TITLE C	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOCK, SAM E.		6.2 NAME	
STREET ADDRESS 9519 BRENTGATE		6.3 STREET ADDRESS	
CITY-ST-ZIP DALLAS TX		6.4 CITY-ST-ZIP	

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.

CR2E034 (9/96)