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FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 3700 S STONEBRIDGE DR P O BOX 810 MCKINNEY TX 75070 US	Mailing Address P O BOX 8070 P O BOX 810 MCKINNEY TX 75070 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1987	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 74-0952935	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME HUDSON, CHARLES BRITTO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1812 CLIFFVIEW DR	CITY-ST-ZIP PLANO TX	1.2 NAME	
TITLE D	NAME MCANDREW, MARK S	1.3 STREET ADDRESS	
STREET ADDRESS 5901 N COUNTRY CLUB	CITY-ST-ZIP EDMOND OK	1.4 CITY-ST-ZIP	
TITLE DS	NAME HUTCHISON, LARRY M.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 902 WESTMINSTER	CITY-ST-ZIP DUNCANVILLE TX	2.2 NAME	
TITLE DT	NAME COLEMAN, GARY L.	2.3 STREET ADDRESS	
STREET ADDRESS 2105 BRANDEIS DRIVE	CITY-ST-ZIP RICHARDSON TX	2.4 CITY-ST-ZIP	
TITLE DVP	NAME MONGROMERY, ROSEMARY J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4111 PECAN ORCHARD	CITY-ST-ZIP PARKER TX	3.2 NAME	
TITLE C	NAME STOCK, SAM E.	3.3 STREET ADDRESS	
STREET ADDRESS 9519 BRENTGATE	CITY-ST-ZIP DALLAS TX	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 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: *Sam E Stock* **Sam E Stock** 01/31/98 (072) 529-5085

CR2E034 (10/97)