

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91271 026 ***150.00

DOCUMENT # P16011
 1. Entity Name
SENTINEL AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
350 NORTH ST. PAUL STREET **7 HANOVER SQUARE H-17-J**
DALLAS TX 75201 **NEW YORK NY 10004-2616**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **7 HANOVER SQUARE H-17-J**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
NEW YORK, NY **NEW YORK, NY** **74-0952935** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

10004-2616 **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER Name
THE CAPITOL Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HUTCHINGS, PETER 7 HANOVER SQ NEW YORK NY 10004-2616 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DEPALO, ARMAND M 7 HANOVER SQUARE NEW YORK NY 10004-2616 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCE JONES, FRANK 7 HANOVER SQ NEW YORK NY 10004-2616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPR STARR, JEREMY 7 HANOVER SQ NEW YORK NY 10004-2616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPALO, ARMAND 7 HANOVER SQ NEW YORK NY 10004-2616 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, DENNIS J 7 HANOVER SQUARE NEW YORK NY 10004-2616 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, EDWARD 7 HANOVER SQ NEW YORK NY 10004-2616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIN, HOWARD W 7 HANOVER SQUARE NEW YORK NY 10004-2616 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARGENT, JOSEPH 7 HANOVER SQ NEW YORK NY 10004-2616 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARUSO, JOSEPH A 7 HANOVER SQUARE NEW YORK, NY 10004-2616 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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. Further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph A. Caruso **SIGNATURE REQUIRED** **4/29/02** **212-598-8924**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)