


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90005 008 ***150.00

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

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

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



07052006 Chg-P CR2E034 (11/05)

4. FEI Number 74-0952935	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399	Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE DEPALO, ARMAND M 7 HANOVER SQ NEW YORK, NY 100042616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN H. FLANNIGAN 7 HANOVER SQUARE NEW YORK, NY 10004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EPCI SORELL, THOMAS G 7 HANOVER SQ NEW YORK, NY 100042616 <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	DVR STARR, JEREMY 7 HANOVER SQ NEW YORK, NY 100042616 <input checked="" 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 MANNING, DENNIS J 7 HANOVER SQ NEW YORK, NY 100042616 <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	DSVS CARUSO, JOSEPH A 7 HANOVER SQ NEW YORK, NY 100042616 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Karen L. Olvany **KAREN L. OLVANY** 7/06/06 (212) 598-7499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
70550743
Division of Corporations

2006 Annual Report

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the
annual report form.**

This information cannot be changed on the report.	
Document Number	P16011
Business Entity Name	SENTINEL AMERICAN LIFE INSURANCE COMPANY
Original File Date	09/18/1987

FEI Number 74-0952935

Principal Address 350 NORTH ST. PAUL STREET
DALLAS, TX 75201 US

Mailing Address 7 HANOVER SQUARE H-17-J
NEW YORK, NY 100042616 US

Registered Agent CHIEF FINANCIAL OFFICER
P.O.BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Officer/Director Name And Address

DPCE
ARMAND M DEPALO
7 HANOVER SQ
NEW YORK, NY 100042616

EPCI
THOMAS G SORELL
7 HANOVER SQ
NEW YORK, NY 100042616

DVR
JEREMY STARR
7 HANOVER SQ
NEW YORK, NY 100042616

D
DENNIS J MANNING
7 HANOVER SQ
NEW YORK, NY 100042616

ATTACHMENT

DSVS
JOSEPH A CARUSO
7 HANOVER SQ
NEW YORK, NY 100042616

20050093
~~#P1601~~

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

Sunbiz Home Page

Help

ATTACHMENT



20650543
P16011

July 5, 2006

Florida Department of Insurance
Division of Corporation
409 E. Gaines Street
Tallahassee, FL 32399

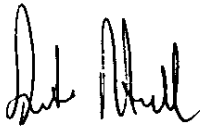
RE: 2005 Annual Report – Sentinel American Life Insurance Company – NAIC #77119

To Whom It May Concern:

Enclosed, please find the completed 2005 Annual Report along with a filing fee of \$150.00, for the above-mentioned subject.

Please note that we did not received the first post card with a requested due date of May 1, 2006. As a result of the second post card with notification of intends to dissolve, we would greatly appreciate you waiving the additional filing fee of \$400.00.

Should you have any questions, please feel free to contact me at (212) 919-3320.



Savita Hiralal
Sr. Statutory Accountant