


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

2007 SEP 13 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 350 NORTH ST. PAUL STREET DALLAS, TX 75201 US	Mailing Address 7 HAVOVER SQUARE H-17-J NEW YORK, NY 10004-2616 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 74-0952935	
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

08282007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPCE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPALO, ARMAND M	NAME	
STREET ADDRESS	7 HANOVER SQ	STREET ADDRESS	100109597311
CITY-ST-ZIP	NEW YORK, NY 100042616	CITY-ST-ZIP	09/18/07--01072--001 **558.75
TITLE	EPCI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORELL, THOMAS G	NAME	
STREET ADDRESS	7 HANOVER SQ	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 100042616	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANNIGAN, JOHN H	NAME	
STREET ADDRESS	7 HANOVER SW	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10004	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, DENNIS J	NAME	
STREET ADDRESS	7 HANOVER SQ	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 100042616	CITY-ST-ZIP	
TITLE	DSVS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUSO, JOSEPH A	NAME	<i>Director, Executive VP & Corporate Secretary</i>
STREET ADDRESS	7 HANOVER SQ	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 100042616	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

JOSEPH A. CARUSO