

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P16011

FILED
Sep 30, 2010
Secretary of State

Entity Name: SENTINEL AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business:

350 NORTH ST. PAUL STREET
DALLAS, TX 75201 US

New Principal Place of Business:

Current Mailing Address:

7 HAVOVER SQUARE H-17-J
NEW YORK, NY 100042616 US

New Mailing Address:

FEI Number: 74-0952935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: TOM GALLAGHER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BROATCH, ROBERT E
Address: 7 HANOVER SQ
City-St-Zip: NEW YORK, NY 100042616

Title: EPCI
Name: SORELL, THOMAS G
Address: 7 HANOVER SQ
City-St-Zip: NEW YORK, NY 100042616

Title: D
Name: FLANNIGAN, JOHN H
Address: 7 HANOVER SQ
City-St-Zip: NEW YORK, NY 10004

Title: DSVP
Name: CARUSO, JOSEPH A
Address: 7 HANOVER SQ
City-St-Zip: NEW YORK, NY 100042616

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH A. CARUSO

Electronic Signature of Signing Officer or Director

DSVP

09/30/2010

Date