

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16011

**FILED**  
**Jun 28, 2013**  
**Secretary of State**  
**CC0092769040**

**Entity Name:** SENTINEL AMERICAN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

350 NORTH ST. PAUL STREET  
DALLAS, TX 75201

**Current Mailing Address:**

7 HAVOVER SQUARE H-17-J  
NEW YORK, NY 10004-2616 US

**FEI Number:** 74-0952935

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name BROATCH, ROBERT E  
Address 7 HANOVER SQ  
City-State-Zip: NEW YORK NY 10004-2616

Title EVP  
Name RICH, TRACY L  
Address 7 HANOVER SQ  
City-State-Zip: NEW YORK NY 10004-2616

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

Title D  
Name FERIK, MICHAEL  
Address 7 HANOVER SQ  
City-State-Zip: NEW YORK NY 10004-2616

Title DCEO  
Name SLIPOWITZ, MICHAEL  
Address 7 HANOVER SQUARE  
City-State-Zip: NEW YORK NY 10004-2616

Title AVP  
Name PADAVANO, ALPHONSE L  
Address 7 HANOVER SQUARE  
City-State-Zip: NEW YORK NY 10004-2616

*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:** TRACY L RICH

**EVP**

**06/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date