### 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16011

Entity Name: SENTINEL AMERICAN LIFE INSURANCE COMPANY

FILED
Apr 07, 2014
Secretary of State
CC1774392913

## **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                 | Title | EVPGCCS       |
|-------|-------------------|-------|---------------|
| Name  | BROATCH, ROBERT E | Name  | RICH, TRACY L |

Address 7 HANOVER SQ Address 7 HAVOVER SQUARE H-17-J
City-State-Zip: NEW YORK NY 10004-2616 City-State-Zip: NEW YORK NY 10004-2616

Title D Title D

NameFLANNIGAN, JOHN HNameFERIK, MICHAELAddress7 HANOVER SQAddress7 HANOVER SQ

City-State-Zip: NEW YORK NY 10004 City-State-Zip: NEW YORK NY 10004-2616

Title PCEO Title AVP

NameSLIPOWITZ, MICHAELNamePADAVANO, ALPHONSE LAddress7 HAVOVER SQUARE H-17-JAddress7 HANOVER SQUARE

City-State-Zip: NEW YORK NY 10004-2616 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 EVPGCCS

Electronic Signature of Signing Officer/Director Detail

04/07/2014 Date