2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 847181

1. Entity Name
SENIOR LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
401 EAST JACKSON STREET THOMASVILLE, FL 31799 US	P.O. BOX 2447 THOMASVILLE, GA 31799-2447 US

04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1097802
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000123495
04/22/04-80087-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POWELL, DALE R JR
STREET ADDRESS	401 E JACKSON ST
CITY-ST-ZIP	THOMASVILLE, GA 317992447
TITLE	C
NAME	POWELL, DALE R
STREET ADDRESS	401 E JACKSON ST
CITY-ST-ZIP	THOMASVILLE, GA 317992447
TITLE	S
NAME	POWELL, ROSEMARY
STREET ADDRESS	401 E JACKSON ST
CITY-ST-ZIP	THOMASVILLE, GA 317992447
TITLE	V
NAME	MURRAY, NICHOLAS A
STREET ADDRESS	401 E. JACKSON STREET
CITY-ST-ZIP	THOMASVILLE, GA 317992447
TITLE	D
NAME	POWELL, STEPHANIE H
STREET ADDRESS	401 E. JACKSON STREET
CITY-ST-ZIP	THOMASVILLE, GA 317992447
TITLE	D
NAME	HOLLAND, WILLIAM E
STREET ADDRESS	401 E. JACKSON STREET
CITY-ST-ZIP	THOMASVILLE, GA 317992447

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the address with all other like empowered.

SIGNATURE: Nicholas Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #