# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 16, 2006 8:00 am**
**Secretary of State**
05-16-2006 90022 050 ***150.00

DOCUMENT # 847181

1. Entity Name
SENIOR LIFE INSURANCE COMPANY

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

04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number ~~58-1097802~~ 58-1097892 ☐ 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, 2006 Fee will be $550.00**

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

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 |

**DO NOT WRITE IN THIS SPACE**

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:** Nicholas Murray 042706 229-228-6936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #