

**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	
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Principal Place of Business 401 EAST JACKSON STREET THOMASVILLE, FL 31799 US	Mailing Address P.O. BOX 2447 THOMASVILLE, GA 31799-2447 US
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04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1007802 58-1097892	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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**

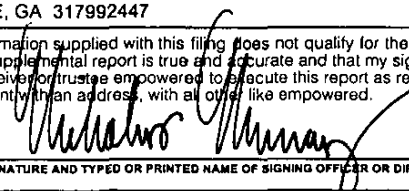
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042706
Date

229-228-6936
Daytime Phone #