

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # 847181 1. Entity Name SENIOR LIFE INSURANCE COMPANY					
Principal Place of Business 401 EAST JACKSON STREET THOMASVILLE, FL 31799 US			Mailing Address P.O. BOX 2447 THOMASVILLE, GA 31799-2447 US		
2. Principal Place of Business - No P.O. Box # 1327 West Jackson Street		3. Mailing Address Suite, Apt. #, etc.			
City & State Thomasville, Georgia		City & State		4. FEI Number 58-1097892	
Zip 31792		Country Thomas		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, DALE R JR 401 E JACKSON ST THOMASVILLE, GA 317992447 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000732181 05/09/07-80035-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C POWELL, DALE R 401 E JACKSON ST THOMASVILLE, GA 317992447 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWELL, ROSEMARY 401 E JACKSON ST THOMASVILLE, GA 317992447 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, NICHOLAS A 401 E. JACKSON STREET THOMASVILLE, GA 317992447 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, STEPHANIE H 401 E. JACKSON STREET THOMASVILLE, GA 317992447 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, WILLIAM E 401 E. JACKSON STREET THOMASVILLE, GA 317992447 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: _____			4/19/07 (229) 228-6936		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		