2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# 847181

Entity Name: SENIOR LIFE INSURANCE COMPANY

Current Principal Place of Business:

401 EAST JACKSON STREET
THOMASVILLE, FL 31799 US

New Principal Place of Business:

1327 WEST JACKSON ST.
THOMASVILLE, GA 31792 US

Current Mailing Address:

P.O. BOX 2447
THOMASVILLE, GA 317992447 US

New Mailing Address:

FEI Number: 58-1097892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POWELL, DALE R JR
Address: 401 E JACKSON ST
City-St-Zip: THOMASVILLE, GA 317992447

Title: C ( ) Delete
Name: POWELL, DALE R
Address: 401 E JACKSON ST
City-St-Zip: THOMASVILLE, GA 317992447

Title: S ( ) Delete
Name: POWELL, ROSEMARY
Address: 401 E JACKSON ST
City-St-Zip: THOMASVILLE, GA 317992447

Title: V ( ) Delete
Name: MURRAY, NICHOLAS A
Address: 401 E. JACKSON STREET
City-St-Zip: THOMASVILLE, GA 317992447

Title: D ( ) Delete
Name: POWELL, STEPHANIE H
Address: 401 E. JACKSON STREET
City-St-Zip: THOMASVILLE, GA 317992447

Title: D ( ) Delete
Name: HOLLAND, WILLIAM E
Address: 401 E. JACKSON STREET
City-St-Zip: THOMASVILLE, GA 317992447

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NICHOLAS MURRAY V 05/01/2008

Electronic Signature of Signing Officer or Director Date