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FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000002435 (5)

1. Corporation Name

SECURITY OF AMERICA LIFE INSURANCE COMPANY



Principal Place of Business

ONE WOODFIELD LAKE  
SCHAUMBURG IL 60173

Mailing Address

ONE WOODFIELD LAKE  
SCHAUMBURG IL 60173

3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

04/11/1996

2. Principal Place of Business

21 3600 Route 66

Suite, Apt. #, etc.

22 P.O. Box 1580

City & State

23 Neptune, NJ

Zip

24 07754-1580

Country

25 USA

2a. Mailing Address

26 3600 Route 66

Suite, Apt. #, etc.

27 P.O. Box 1580

City & State

28 Neptune, NJ

Zip

29 07754-1580

Country

30 USA

4. FEI Number

23-1615213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEE, JAMES E  
STREET ADDRESS 1150 TERN DRIVE  
CITY- ST- ZIP PALATINE IL  
☒ DELETE

TITLE VD  
NAME CARPENTER, HENRY A  
STREET ADDRESS 1332 SURREY COURT  
CITY- ST- ZIP ALGONGUIN IL  
☐ DELETE

TITLE S  
NAME SANDERS, JUNE M  
STREET ADDRESS 605 DEBORAH COURT  
CITY- ST- ZIP SCHAUMBURG IL  
☐ DELETE

TITLE T  
NAME SWANSON, CHRISTIAN R  
STREET ADDRESS 860 SURRYSE ROAD  
CITY- ST- ZIP LAKE ZURICH IL  
☐ DELETE

TITLE CD  
NAME CROSBY JR, GORDON E  
STREET ADDRESS 50 SUTTON PLACE, SOUTH  
CITY- ST- ZIP NEW YORK NY  
☐ DELETE

TITLE D  
NAME HENDERSON, GREER F.  
STREET ADDRESS 3 RUTGERS COURT  
CITY- ST- ZIP WESTFIELD NJ  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME William M. Keeler  
1.3 STREET ADDRESS 1401 Lake Shore Drive North  
1.4 CITY- ST- ZIP Barrington, IL 60010  
☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 745 Constitution Drive #3  
4.4 CITY- ST- ZIP Palatine, IL 60074  
☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS 429 East 52nd Street  
5.4 CITY- ST- ZIP New York, NY 10022  
☒ Change ☐ Addition

6.1 TITLE V  
6.2 NAME James Suleski  
6.3 STREET ADDRESS 110 E. Nassau Avenue  
6.4 CITY- ST- ZIP So. Plainfield, NJ 07080  
☐ Change ☒ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James Suleski*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

Date

(908) 922-7475

Daytime Phone #

0527778

CR2E034 (9/96)