

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 3600 ROUTE 66 P.O. BOX 1580 NEPTUNE NJ 07754-1580 US	Mailing Address 3600 ROUTE 66 P.O. BOX 1580 NEPTUNE NJ 07754-1580 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1994	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 23-1615213		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip	25 Country	29 Zip		30 Country	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0506, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating) DATE _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEELER, WILLIAM M	1.2 NAME	Richard E. Stanko
STREET ADDRESS	1401 LAKE SHORE DR NORTH	1.3 STREET ADDRESS	3854 Moulin Lane
CITY-ST-ZIP	BARRINGTON IL	1.4 CITY-ST-ZIP	Hoffman Estates, IL 60195
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, HENRY A	2.2 NAME	Rodney O. Martin, Jr.
STREET ADDRESS	1332 SURREY COURT	2.3 STREET ADDRESS	99 N. Post Oak Lane #1206
CITY-ST-ZIP	ALGONGUIN IL	2.4 CITY-ST-ZIP	Houston, TX 77024
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, JUNE M	3.2 NAME	Randy J. Marash
STREET ADDRESS	605 DEBORAH COURT	3.3 STREET ADDRESS	30 Woodhollow Drive
CITY-ST-ZIP	SCHAUMBURG IL	3.4 CITY-ST-ZIP	Manalapan, NJ 07726
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWANSON, CHRISTIAN R	4.2 NAME	Walter E. Bednarski
STREET ADDRESS	745 CONSTITUTION DRIVE #3	4.3 STREET ADDRESS	153 Fordham Drive
CITY-ST-ZIP	PALATINE IL	4.4 CITY-ST-ZIP	Aberdeen, NJ 07747
TITLE	CD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSBY JR, GORDON E	5.2 NAME	Jon Paul Newton
STREET ADDRESS	429 EAST 52ND ST.	5.3 STREET ADDRESS	1921 Bellmeade
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	Houston, TX 77024
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, GREER F.	6.2 NAME	David N. Dunn
STREET ADDRESS	3 RUTGERS COURT	6.3 STREET ADDRESS	600 Oceanview
CITY-ST-ZIP	WESTFIELD NJ	6.4 CITY-ST-ZIP	Brielle, NJ 08730

14. I 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 _____ (Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating) DATE _____)

CR2E034 (10/97)