

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90010 012 \*\*\*550.00

0131399 AT

**DOCUMENT # F96000004412**

1. Entity Name  
**SBLI USA FINANCIAL SERVICES LIFE INSURANCE COMPA**

Principal Place of Business Mailing Address  
**ATTN: VIRGINIA N. PUZON** **ATTN: VIRGINIA N. PUZON**  
**1 SUNAMERICA CENTER, 37TH FL** **1 SUNAMERICA CENTER, 37TH FL**  
**LOS ANGELES CA 90067-6022** **LOS ANGELES CA 90067-6022**

2. Principal Place of Business 3. Mailing Address  
**3225 North Central Ave** **P.O. Box 1050 eec**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 1601**

City & State City & State  
**Phoenix, AZ** **Newark, NJ**  
 Zip Country Zip Country  
**85012 USA** **07102 USA**

4. FEI Number **66-0788099-134144857** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER**  
**CAPITOL**  
**TALLAHASSEE FL 32399-0300**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>BROAD, ELI</b> <b>1 SUNAMERICA CTR</b> <b>LOS ANGELES CA 90067-6022</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHMENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>BROAD, ELI</b> <b>1 SUNAMERICA CTR</b> <b>LOS ANGELES CA 90067-6022</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BELARDI, JAMES R</b> <b>1 SUNAMERICA CTR</b> <b>LOS ANGELES CA 90067-6022</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>BELARDI, JAMES R</b> <b>1 SUNAMERICA CTR</b> <b>LOS ANGELES CA 90067-6022</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>WINTROB, JAY S</b> <b>1 SUNAMERICA CTR</b> <b>LOS ANGELES CA 90067-6022</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>PUZON, VIRGINIA</b> <b>1 SUNAMERICA CENTER</b> <b>LOS ANGELES CA 90067-6022</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED David J. Walsh 9/6/01 212-356-0336**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment  
 #FF9600000442  
 A087076

**Officers and Directors of  
 SBLI USA Financial Services Insurance Company, Inc. (NAIC #60183)  
 550 Broad Street P.O. Box 1050, Newark, NJ 07101**

**Directors:**

Name	Address
Vikki L. Pryor (Chairman)	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001
Dennis M.W. McIntosh	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001
Kerry Y. Tucker	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001
David J. Walsh	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001
M. Nasim Ali	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001

**Officers:**

Name	Title	Address
Vikki L. Pryor (Chairman)	President & Chief Executive Officer	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001
Dennis M.W. McIntosh	Executive Vice President, Chief Financial Officer & Treasurer	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001
Kerry Y. Tucker	Executive Vice President, Administration and Assistant Secretary	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001
David J. Walsh	Executive Vice President, General Counsel and Secretary	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001
M. Nasim Ali	Executive Vice President – Sales & Marketing	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001
Ralph Meola	Senior Vice President & Chief Actuary	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001
Armen G. Bodossian	Vice President & Controller	c/o SBLI USA Mutual Life Insurance Company, Inc. 460 West 34 <sup>th</sup> Street, Suite 800 New York, NY 10001