

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F96000004412

FILED
Oct 06, 2005
Secretary of State

Entity Name: S.USA LIFE INSURANCE COMPANY, INC.

Current Principal Place of Business:

3225 NORTH CENTRAL AVE
SUITE 1601
PHOENIX, AZ 85012

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1050
NEWARK, NJ 07102

New Mailing Address:

FEI Number: 13-4144857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: NOT REQUIRED

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: DPCE () Delete
Name: PRYOR, VIKKI L
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001

Title: DEVP () Delete
Name: MCINTOSH, DENNIS M
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001

Title: DEVP () Delete
Name: TUCKER, KERRY Y
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001

Title: DEVP () Delete
Name: WALSH, DAVID J
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001

Title: DEVP () Delete
Name: ALI, M. NASIM
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001

Title: SVP () Delete
Name: MEOLA, RALPH
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: BODOSSIAN, ARMEN G
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001

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 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 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: DAVID J WALSH

DEVP

10/06/2005

Electronic Signature of Signing Officer or Director

Date