

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 06, 2005  
Secretary of State**

DOCUMENT# F96000004412

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