

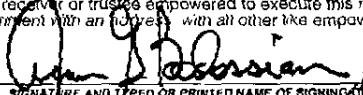


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000004412 1. Entity Name S.USA LIFE INSURANCE COMPANY, INC.		
Principal Place of Business 3225 NORTH CENTRAL AVE SUITE 1601 PHOENIX, AZ 85012	Mailing Address P.O. BOX 1050 NEWARK, NJ 07102	
DO NOT WRITE IN THIS SPACE		
 03072006 No Chg-P CRZE034 (11/05)		
4. FEI Number 13-4144857		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE PRYOR, VIKKI L C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MCINTOSH, DENNIS M C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BODOSSIAN, ARMEN G C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP WALSH, DAVID J C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP ALI, M. NASIM C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MEOLA, RALPH C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  ARMEN G. BODOSSIAN		Date: 3/7/06 Cayman Phone #: 212 356 0346