

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90241 025 \*\*\*150.00

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01022007 Chg-P CR2E034 (12/06)

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		
2. Principal Place of Business - No P.O. Box # 2394 East Camelback Rd		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Phoenix, AZ		City & State		4. FEI Number 13-4144857	
Zip 85016		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Damante, Robert M. C/O SBLI USA 460 W.34th St., Suite 800 New York, NY 10001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input 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	V BODOSSIAN, ARMEN G C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001	<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	DEVP WALSH, DAVID J C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001	<input 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	DEVP ALI, M. NASIM C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001	<input 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	SVP MEOLA, RALPH C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>David J. Walsh</u>		Date: <u>1/2/07</u>		Daytime Phone #: <u>212-356-0336</u>	