

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Phoenix, AZ

City & State

Zip
 85016

Country
 U.S.A.

Zip

Country

4. FEI Number
 13-4144857

Applied For
 Not Applicable

5. Certificate of Status Desired \$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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME DPCE
 STREET ADDRESS PRYOR, VIKKI L
 CITY-ST-ZIP C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001 Delete

TITLE
 NAME SVP
 STREET ADDRESS Damante, Robert M.
 CITY-ST-ZIP C/O SBLI USA 460 W.34th St., Suite 800 New York, NY 10001 Change Addition

TITLE
 NAME DEVP
 STREET ADDRESS MCINTOSH, DENNIS M
 CITY-ST-ZIP C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME V
 STREET ADDRESS BODOSSIAN, ARMEN G
 CITY-ST-ZIP C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME DEVP
 STREET ADDRESS WALSH, DAVID J
 CITY-ST-ZIP C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME DEVP
 STREET ADDRESS ALI, M. NASIM
 CITY-ST-ZIP C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME SVP
 STREET ADDRESS MEOLA, RALPH
 CITY-ST-ZIP C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change 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: David J. Walsh - David J. Walsh - 1/2/07 - 212-356-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #