2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90012 005 ***150.00

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

Principal Place of Business	Mailing Address
2394 EAST CAMELBACK RD PHOENIX, AZ 85016	P.O. BOX 1050 NEWARK, NJ 07102

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01042008 Chg-P CR2E034 (12/06)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	DPCE ☐ Delete	TITLE	D/EVP ☐ Change ☒ Addition
NAME	PRYOR, VIKKI L	NAME	Michael AKKer
STREET ADDRESS	C/O SBLI USA 460 W 34TH STR, STE 800	STREET ADDRESS	c/o SBLI USA, 460 W. 34th Street, Suite 800
CITY-ST-ZIP	NEW YORK, NY 10001	CITY-ST-ZIP	New York, NY 10001
TITLE	DEVP ☒ Delete	TITLE	D/SVP ☐ Change ☒ Addition
NAME	MCINTOSH, DENNIS M	NAME	James Machorsky
STREET ADDRESS	C/O SBLI USA 460 W 34TH STR, STE 800	STREET ADDRESS	c/o SBLI USA, 460 W. 34th Street, Suite 800
CITY-ST-ZIP	NEW YORK, NY 10001	CITY-ST-ZIP	New York, NY 10001
TITLE	SVP ☐ Delete	TITLE	SVP/S ☐ Change ☒ Addition
NAME	DAMANTE, ROBERT M	NAME	Debra Klugman
STREET ADDRESS	C/O SBLI USA 460 W 34TH STR, STE 800	STREET ADDRESS	c/o SBLI USA, 460 W. 34th Street, Suite 800
CITY-ST-ZIP	NEW YORK, NY 10001	CITY-ST-ZIP	New York, NY 10001
TITLE	DEVP ☒ Delete	TITLE	DSVP ☒ Change ☐ Addition
NAME	WALSH, DAVID J	NAME	Ralph Meola
STREET ADDRESS	C/O SBLI USA 460 W 34TH STR, STE 800	STREET ADDRESS	c/o SBLI USA, 460 W. 34th Street, Suite 800
CITY-ST-ZIP	NEW YORK, NY 10001	CITY-ST-ZIP	New York, NY 10001
TITLE	DEVP ☒ Delete	TITLE	D/EVP/T ☒ Change ☐ Addition
NAME	ALI, M. NASIM	NAME	Robert M. Damante
STREET ADDRESS	C/O SBLI USA 460 W 34TH STR, STE 800	STREET ADDRESS	c/o SBLI USA, 460 W. 34th Street, Suite 800
CITY-ST-ZIP	NEW YORK, NY 10001	CITY-ST-ZIP	New York, NY 10001
TITLE	SVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEOLA, RALPH	NAME	
STREET ADDRESS	C/O SBLI USA 460 W 34TH STR, STE 800	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10001	CITY-ST-ZIP	

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: Debra E. Klugman — Debra E. Klugman — 1/23/08 — 212-356-0327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #