

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

01-29-2008 90012 005 \*\*\*150.00

**DOCUMENT # F96000004412**

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



Principal Place of Business  
 2394 EAST CAMELBACK RD  
 PHOENIX, AZ 85016

Mailing Address  
 P.O. BOX 1050  
 NEWARK, NJ 07102

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

City & State  
 Zip Country



01042008 Chg-P CR2E034 (12/06)

**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

4. FEI Number  
**13-4144857**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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**

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	DEVP MCINTOSH, DENNIS M 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	SVP DAMANTE, ROBERT 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	DEVP WALSH, DAVID J 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	DEVP ALI, M. NASIM 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	SVP MEOLA, RALPH C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP Michael AK Ker C/O SBLI USA, 460 W. 34th Street, Suite 800 New York, NY 10001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/SVP James Machovsky C/O SBLI USA, 460 W. 34th Street, Suite 800 New York, NY 10001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP/S Debra Klugman C/O SBLI USA, 460 W. 34th Street, Suite 800 New York, NY 10001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/SVP Ralph Meola C/O SBLI USA, 460 W. 34th Street, Suite 800 New York, NY 10001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/EVP/T Robert M. Damante C/O SBLI USA, 460 W. 34th Street, Suite 800 New York, NY 10001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 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 #