

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004412

FILED
Jan 06, 2010
Secretary of State

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

Current Principal Place of Business:

2394 EAST CAMELBACK RD
PHOENIX, AZ 85016

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1050
NEWARK, NJ 07102

New Mailing Address:

FEI Number: 13-4144857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCE
Name: PRYOR, VIKKI L
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001 US

Title: DSVP
Name: MACHOVSKY, JAMES
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001 US

Title: DEVP
Name: DAMANTE, ROBERT M
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001 US

Title: DSVP
Name: MEOLA, RALPH
Address: C/O SBI USA, 460 W 34TH STREET, SUITE 800
City-St-Zip: NEW YORK, NY 10001 US

Title: DEVP
Name: AKKER, MICHAEL
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001 US

Title: SVP
Name: KLUGMAN, DEBRA E
Address: C/O SBLI USA 460 W 34TH STR, STE 800
City-St-Zip: NEW YORK, NY 10001 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA KLUGMAN

SVP

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date