

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004412

FILED  
Apr 17, 2012  
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:**

460 WEST 34TH STREET  
SUITE 800  
NEW YORK, NY 10001

**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

**OFFICERS AND DIRECTORS:**

Title: DPCE  
Name: AKKER, MICHAEL  
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: BULIS, ERIC  
Address: C/O SBI USA, 460 W 34TH STREET, SUITE 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 E. KLUGMAN

SVP

04/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date