

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90014 044 \*\*\*150.00

**DOCUMENT # P06836**

1. Entity Name

**SENIOR AMERICAN LIFE INSURANCE COMPANY**

Principal Place of Business

**1800 STREET ROAD  
WARRINGTON PA 18976  
US**

Mailing Address

**1800 STREET ROAD  
WARRINGTON PA 18976  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

change 23-3062257

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

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	ABEL, ALOYSIUS J III	103 GUSINESS LANE	NORTH WALES PA 19454	<input type="checkbox"/>
VS	SCHARTZ, MICHAEL M.	3481 POND VIEW DR	CHALFONT PA 18914	<input type="checkbox"/>
T	BLECHARCZYK, TED M	1716 MCNELIS DR.	SOUTHAMPTON PA 18966	<input type="checkbox"/>
D	CAVANAUGH, RICHARD R	3 QUAIL DR.	DOYLESTOWN PA 18901	<input checked="" type="checkbox"/>
D	FELTY, RONALD L	805 COLLEGE AVENUE	ELIZABETHTOWN PA 17022	<input checked="" type="checkbox"/>
D	MAIO, CARL A	3210 ANTLE DR	DOYLESTOWN PA 18901	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1800 Street Road	Warrington, PA 18976	<input checked="" type="checkbox"/>
D/V/S		1800 Street Road	Warrington, PA 18976	<input checked="" type="checkbox"/>
		1800 Street Road	Warrington, PA 18976	<input checked="" type="checkbox"/>
D	Miller, Michael J	231 South LaSalle Street	Chicago, IL 60697	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Helle, Daniel G	231 South LaSalle Street	Chicago, IL 60697	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Yamada, Keith H	231 South LaSalle Street	Chicago, IL 60697	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted M. Blecharczyk

1/5/01

Date

(215) 918-0515

Daytime Phone #

CR2E034 (10/00)