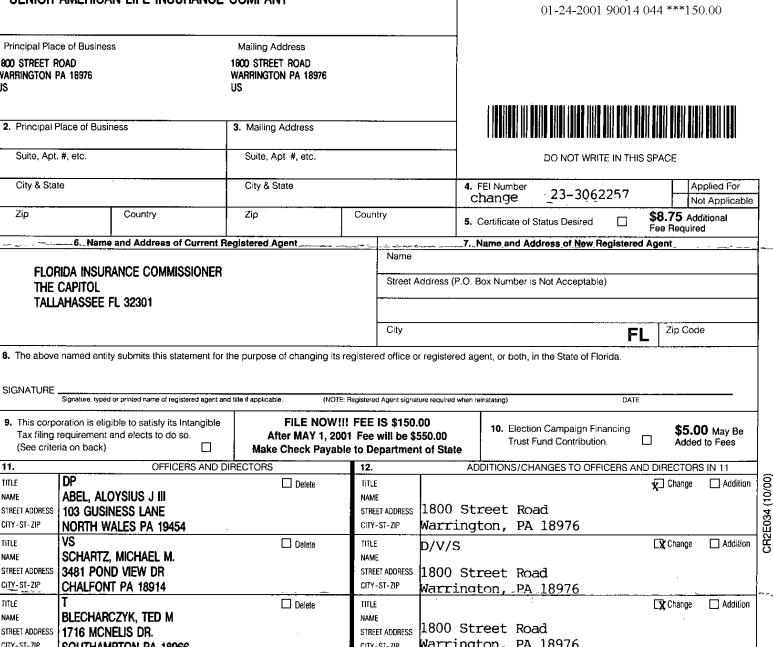
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06836 SENIOR AMERICAN LIFE INSURANCE COMPANY Principal Place of Business Mailing Address 1800 STREET ROAD 1800 STREET ROAD WARRINGTON PA 18976 **WARRINGTON PA 18976** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Ζiρ

FILED Jan 24, 2001 8:00 am Secretary of State



(See criter	ria on back)	Make Check Payable	to Departmen	t of State	riose, and contribution.		50 10 1 003
11.	OFFICERS AND DI	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	DP	☐ Delete	TITLE			√ Change	☐ Addition
NAME	ABEL, ALOYSIUS J III		NAME			.,	
STREET ADDRESS	103 GUSINESS LANE		STREET ADDRESS	1800 Str	reet Road		
CITY-ST-ZIP	NORTH WALES PA 19454		CITY-ST-ZIP	Warringt	on, PA 18976		
TITLE	VS	☐ Delete	TITLE	D/V/S		☐ X Change	☐ Addition
NAME	SCHARTZ, MICHAEL M.		NAME	' '			
STREET ADDRESS	3481 POND VIEW DR		STREET ADDRESS	1800 Str	reet Road		1
CITY-ST-ZIP	CHALFONT PA 18914		CITY-ST-ZIP	Warringt	on, PA 18976		
TITLE	T	☐ Delete	TITLE			☐ X Change	☐ Addition
NAME	BLECHARCZYK, TED M		NAME				
STREET ADDRESS	1716 MCNELIS DR.		STREET ADDRESS	ľ	reet Road		
CITY-ST-ZIP	SOUTHAMPTON PA 18966		CITY-ST-ZIP	Warringt	on, PA 18976		
TITLE	D	🔀 Delete	TITLE	D		☐ Change	Addition
NAME	CAVANAUGH, RICHARD R	**	NAME	Miller,	Michael J		•
STREET ADDRESS	3 Quail dr.		STREET ADDRESS	231 Sout	h LaSalle Street		
CITY-ST-ZIP	DOYLESTOWN PA 18901		CITY-ST-ZIP	Chicago,	IL 60697		
TITLE	D	■ Delete	TITLE	Þ	·	Change	
	FELTY, RONALD L		NAME	Helle, D	aniel G		
STREET ADDRESS	805 COLLEGE AVENUE		STREET ADDRESS	231 Sout	h LaSalle Street		
CITY-ST-ZIP	ELIZABETHTOWN PA 17022		CITY-ST-ZIP		IL 60697		
TITLE	D	☐ Delete	TITLE	D		☐ Change	∑ Addition
NAME	MAIO, CARL A		NAME	Yamada,	Keith H		ļ
STREET ADDRESS	3210 ANTLER DRIVE		STREET ADDRESS		h LaSalle Street		ĺ
CITY-ST-ZIP	DOYLESTOWN PA 18901		CITY-ST-ZIP		TI. 60697		
				والبالها الماسات عصد	<u> </u>		

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Name

City

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.

City & State

THE CAPITOL

TALLAHASSEE FL 32301

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Country

FLORIDA INSURANCE COMMISSIONER

6. Name and Address of Current Registered Agent

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

Zip

SIGNATURE

Ted M. Blecharczyk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01

(215) 918-0515

Daytime Phone #