

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90005 035 \*\*\*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**

**54018016**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**23-3062257**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	DPO ABEL, ALOYSIUS J III 1800 STREET ROAD WARRINGTON, PA 18976	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVSO SCHARTZ, MICHAEL M. 1800 STREET ROAD WARRINGTON, PA 18976	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO IACOVETTI, BENEDICT J 1800 STREET ROAD WARRINGTON, PA 18976	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MICHAEL J 231 S LASALLE STREET CHICAGO, IL 60697	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLE, DANIEL G 231 S LASALLE STREET CHICAGO, IL 60697	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAMADA, KEITH H 231 S LASALLE STREET CHICAGO, IL 60697	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO DAVID E. KERR 1800 STREET RD., WARRINGTON, PA 18976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO KEVIN N. WILLIAMS 1800 STREET RD., WARRINGTON, PA 18976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO ERNEST IANNUCCI 1800 STREET RD., WARRINGTON, PA 18976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO ERIC W. DOUGLAS 1110 DOUGLASS AVE., SUITE 2040 ALTAMONTE SPRING, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN P. FITZGERALD 1430 WYNKOOP STE 400, DENVER, CO 80202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP M. BROWN WELSH & MCKEAN ROADS SPRING HOUSE, PA 19477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Benedict J. Iacovetti* **Benedict J. Iacovetti, Treasurer (215)918-0515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #