
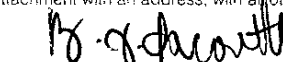


FILED
Apr 26, 2005 8:00 am
Secretary of State

40067433



DOCUMENT # P06836				Secretary of State 04-26-2005 90158 018 ***150.00	
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 & State		City & State			
Zip		Country		Zip	
4. FEI Number 23-3062257		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	DPO	<input checked="" type="checkbox"/> Delete			
NAME	ABEL, ALOYSIUS J III				
STREET ADDRESS	1800 STREET ROAD				
CITY-ST-ZIP	WARRINGTON, PA 18976				
TITLE	DVSO	<input type="checkbox"/> Delete			
NAME	SCHARTZ, MICHAEL M.				
STREET ADDRESS	1800 STREET ROAD				
CITY-ST-ZIP	WARRINGTON, PA 18976				
TITLE	TO	<input type="checkbox"/> Delete			
NAME	IACOVETTI, BENEDICT J				
STREET ADDRESS	1800 STREET ROAD				
CITY-ST-ZIP	WARRINGTON, PA 18976				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MILLER, MICHAEL J				
STREET ADDRESS	231 S LASALLE STREET				
CITY-ST-ZIP	CHICAGO, IL 60697				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HELLE, DANIEL G				
STREET ADDRESS	231 S LASALLE STREET				
CITY-ST-ZIP	CHICAGO, IL 60697				
TITLE	D	<input type="checkbox"/> Delete			
NAME	YAMADA, KEITH H				
STREET ADDRESS	231 S LASALLE STREET				
CITY-ST-ZIP	CHICAGO, IL 60697				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Jams P. McDermott				
STREET ADDRESS	1800 Street Road				
CITY-ST-ZIP	Warrington, PA 18976				
TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	David E. Kerr				
STREET ADDRESS	1800 Street Road, Warrington, PA 18976				
CITY-ST-ZIP					
TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Kevin N. Williams				
STREET ADDRESS	1800 Street Road, Warrington, PA 18976				
CITY-ST-ZIP					
TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Eric W. Douglas				
STREET ADDRESS	1800 Street Road, Warrington, PA 18976				
CITY-ST-ZIP					
TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Ernest Iannucci				
STREET ADDRESS	1800 Street Road, Warrington, PA 18976				
CITY-ST-ZIP					
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 another like empowered.					
SIGNATURE: 		Benedict J. Iacovetti, Treasurer 215-918-0515			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____			