

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P06836

FILED
Jan 03, 2003
Secretary of State

Entity Name: SENIOR AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business:

1800 STREET ROAD
WARRINGTON, PA 18976 US

New Principal Place of Business:

Current Mailing Address:

1800 STREET ROAD
WARRINGTON, PA 18976 US

New Mailing Address:

FEI Number: 23-1609619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPO () Delete
Name: ABEL, ALOYSIUS J III
Address: 1800 STREET ROAD
City-St-Zip: WARRINGTON, PA 18976

Title: DVSO () Delete
Name: SCHARTZ, MICHAEL M.,
Address: 1800 STREET ROAD
City-St-Zip: WARRINGTON, PA 18976

Title: TD () Delete
Name: BLECHARCZYK, TED M
Address: 1800 STREET ROAD
City-St-Zip: WARRINGTON, PA 18976

Title: D () Delete
Name: MILLER, MICHAEL J
Address: 231 S LASALLE STREET
City-St-Zip: CHICAGO, IL 60697

Title: D () Delete
Name: HELLE, DANIEL G
Address: 231 S LASALLE STREET
City-St-Zip: CHICAGO, IL 60697

Title: D () Delete
Name: YAMADA, KEITH H
Address: 231 S LASALLE STREET
City-St-Zip: CHICAGO, IL 60697

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TO (X) Change () Addition
Name: IACOVETTI, BENEDICT J
Address: 1800 STREET ROAD
City-St-Zip: WARRINGTON, PA 18976

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BENEDICT J IACOVETTI

MR

01/03/2003

Electronic Signature of Signing Officer or Director

Date