

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16011

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: SENTINEL AMERICAN LIFE INSURANCE COMPANY

## Current Principal Place of Business:

350 NORTH ST. PAUL STREET  
DALLAS, TX 75201 US

## New Principal Place of Business:

## Current Mailing Address:

7 HAVOVER SQUARE H-17-J  
NEW YORK, NY 100042616 US

## New Mailing Address:

FEI Number: 74-0952935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P.O.BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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: DPCE ( ) Delete  
Name: DEPALO, ARMAND M  
Address: 7 HANOVER SQ  
City-St-Zip: NEW YORK, NY 100042616

Title: EPCI ( ) Delete  
Name: SORELL, THOMAS G  
Address: 7 HANOVER SQ  
City-St-Zip: NEW YORK, NY 100042616

Title: D ( ) Delete  
Name: FLANNIGAN, JOHN H  
Address: 7 HANOVER SW  
City-St-Zip: NEW YORK, NY 10004

Title: D ( ) Delete  
Name: MANNING, DENNIS J  
Address: 7 HANOVER SQ  
City-St-Zip: NEW YORK, NY 100042616

Title: DEVP ( ) Delete  
Name: CARUSO, JOSEPH A  
Address: 7 HANOVER SQ  
City-St-Zip: NEW YORK, NY 100042616

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition  
Name: SNYDER, BARBARA L  
Address: 7 HANOVER SQ  
City-St-Zip: NEW YORK, NY 100042616

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSEPH A. CARUSO

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date