2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33667

Entity Name: SEARS LIFE INSURANCE COMPANY

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3001 MEACHUM BOULEVARD SUITE 200 FT. WORTH, TX 76137				3001 MEACHAM BOULEVARD SUITE 200 FT. WORTH, TX 76137			
Current Mailing Address:				New Mailing Address:			
3001 MEACHUM BOULEVARD SUITE 200 FT. WORTH, TX 76137				3001 MEACHAM BOULEVARD SUITE 200 FT. WORTH, TX 76137			
FEI Number: 36-3742955 FEI Number Applied For () FEI Num				nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CT CORPORATION 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US 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							
SIGNATUR							
Electronic Signature of Registered Agent					 Date		
Election Cam	paign Financing	Frust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DEVEREUX, TIM	BOULEVARD, STE 200		Title: Name: Address: City-St-Zip:	GAMBERO, DA	M BOULEVARD, STE 200	
Title: Name: Address: City-St-Zip:	GAMBERO, DARI	BOULEVARD, STE 200		Title: Name: Address: City-St-Zip:	DAVID, PATRIC	M BOULEVARD, STE 200	
Title: Name: Address: City-St-Zip:	LEHMAN, GREGO	BOULEVARD, STE 200		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	LARKIN, PAULA	BOULEVARD, STE 200		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	MCCORMICK, CA	BOULEVARD, STE 200		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CARSON, DAVA	BOULEVARD, STE 200		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGG H LEHMAN SEC 01/11/2006