2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 02, 2019
Secretary of State
CC9137183172

DOCUMENT# 847181

Entity Name: SENIOR LIFE INSURANCE COMPANY

Current Principal Place of Business:

1 SENIOR LIFE LANE
THOMASVILLE, GA 31792

Current Mailing Address:

P.O. BOX 2447
THOMASVILLE, GA 31799-2447 US

FEI Number: 58-1097892

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	POWELL, DALE R JR.
Address	1 SENIOR LIFE LANE POST OFFICE BOX 2447
City-State-Zip:	THOMASVILLE GA 31792

Title	CEO
Name	POWELL, DALE R SR.
Address	1 SENIOR LIFE LANE POST OFFICE BOX 2447
City-State-Zip:	THOMASVILLE GA 31792

Title	SECRETARY
Name	POWELL, ROSEMARY C
Address	1 SENIOR LIFE LANE POST OFFICE BOX 2447
City-State-Zip:	THOMASVILLE GA 31792

Title	DIRECTOR
Name	POWELL, STEPHANIE H
Address	1 SENIOR LIFE LANE POST OFFICE BOX 2447
City-State-Zip:	THOMASVILLE GA 31792

Title	DIRECTOR
Name	HOLLAND, WILLIAM E
Address	910 NORTH PATTERSON STREET
City-State-Zip:	VALDOSTA GA 31601

Title	VICE PRESIDENT FINANCIAL COMPLIANCE
Name	MITCHELL, ERIC
Address	1 SENIOR LIFE LANE
City-State-Zip:	THOMASVILLE GA 31792

I hereby 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 all other like empowered.

SIGNATURE: ERIC MITCHELL — VP OF FINANCIAL COMPLIANCE — 01/02/2019

Electronic Signature of Signing Officer/Director Detail — Date