

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004412

**Entity Name:** S.USA LIFE INSURANCE COMPANY, INC.

**Current Principal Place of Business:**

8825 N. 23RD AVE.  
SUITE 100  
PHOENIX, AZ 85021

**Current Mailing Address:**

P.O. BOX 12847  
ROANOKE, VA 24029 US

**FEI Number:** 13-4144857

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E GAINES STREET  
TALLAHASSEE, FL 32399 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 DIRECTOR, PRESIDENT, CEO  
Name VON MOLTKE, NICHOLAS  
Address 1 PENNSYLVANIA PLAZA  
SUITE 3806  
City-State-Zip: NEW YORK NY 10119

Title SVP, GENERAL COUNSEL AND  
SECRETARY  
Name WINN, ANN-KELLEY  
Address 4415 PHEASANT RIDGE RD.  
SUITE 300  
City-State-Zip: ROANOKE VA 24014

Title CFO  
Name JONES, ZACHARY  
Address 1 PENN PLAZA  
STE 3806  
City-State-Zip: NEW YORK NY 10119

Title TREASURER  
Name WESTALL, DREW  
Address 4415 PHEASANT RIDGE RD  
STE 300  
City-State-Zip: ROANOKE VA 24014

Title ASST. SECRETARY  
Name RYKER, LINDSAY  
Address 4415 PHEASANT RIDGE RD  
STE 300  
City-State-Zip: ROANOKE VA 24014

Title DIRECTOR  
Name SCHNITZER, BRUCE  
Address P.O. BOX 12847  
City-State-Zip: ROANOKE VA 24029

Title DIRECTOR  
Name CICIRELLI, MARK  
Address P.O. BOX 12847  
City-State-Zip: ROANOKE VA 24029

Title DIRECTOR  
Name BESHEARS, WILLIAM  
Address P.O. BOX 12847  
City-State-Zip: ROANOKE VA 24029

**Continues on page 2**

*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:** LINDSAY RYKER

**ASSISTANT CORPORATE SECRETARY 04/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MONTEMAYOR, JOSE  
Address P.O. BOX 12847  
City-State-Zip: ROANOKE VA 24029

Title DIRECTOR  
Name DOWLING, ANNE MELISSA  
Address P.O. BOX 12847  
City-State-Zip: ROANOKE VA 24029

Title DIRECTOR  
Name STRUCK, JOHN  
Address P.O. BOX 12847  
City-State-Zip: ROANOKE VA 24029