

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004412

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

Current Principal Place of Business:

2390 EAST CAMELBACK RD
PHOENIX, AZ 85016

FILED
Mar 08, 2013
Secretary of State
CC3906362181

Current Mailing Address:

460 WEST 34TH STREET
SUITE 800
NEW YORK, NY 10001

FEI Number: 13-4144857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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 DPCE
Name AKKER, MICHAEL
Address C/O SBLI USA 460 W 34TH STR, STE 800
City-State-Zip: NEW YORK NY 10001

Title DSVP
Name MACHOVSKY, JAMES
Address C/O SBLI USA 460 W 34TH STR, STE 800
City-State-Zip: NEW YORK NY 10001

Title DEVP
Name DAMANTE, ROBERT M
Address C/O SBLI USA 460 W 34TH STR, STE 800
City-State-Zip: NEW YORK NY 10001

Title DSVP
Name MEOLA, RALPH
Address C/O SBI USA, 460 W 34TH STREET, SUITE 800
City-State-Zip: NEW YORK NY 10001

Title DEVP
Name BULIS, ERIC
Address C/O SBI USA, 460 W 34TH STREET, SUITE 800
City-State-Zip: NEW YORK NY 10001

Title SVP
Name KLUGMAN, DEBRA E
Address C/O SBLI USA 460 W 34TH STR, STE 800
City-State-Zip: NEW YORK NY 10001

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: DEBRA E. KLUGMAN

**SVP, GENERAL COUNSEL 03/08/2013
AND SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date