

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90039 022 ***550.00

DOCUMENT # 801474

1. Entity Name

SECURITY LIFE AND TRUST INSURANCE COMPANY

00037100



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 717 N HARWOOD, DALLAS TX 75201, US
 Mailing Address: POB 2699, DALLAS TX 75221-2699, US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: P.O. BOX 132699, Suite, Apt. #, etc.

City & State: DALLAS, TX

Zip: 75313-2699, Country

4. FEI Number: 56-0392100
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 STATE OF FLORIDA
 TALLAHASSEE FL**

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

8. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> Delete
NAME: MCDERMOTT, J P	
STREET ADDRESS: 717 N HARWOOD	
CITY-ST-ZIP: DALLAS TX 75201	
TITLE: D/P	<input type="checkbox"/> Delete
NAME: JOHNSON, STEVE R	
STREET ADDRESS: 717 N HARWOOD	
CITY-ST-ZIP: DALLAS TX 75201	
TITLE: AT	<input type="checkbox"/> Delete
NAME: JOBSON, BETTY M	
STREET ADDRESS: 717 N HARWOOD	
CITY-ST-ZIP: DALLAS TX 75201	
TITLE: VP	<input type="checkbox"/> Delete
NAME: PIMSNER, R P	
STREET ADDRESS: 717 N HARWOOD	
CITY-ST-ZIP: DALLAS TX 75201	
TITLE: S	<input type="checkbox"/> Delete
NAME: LEONARD, DAVID A	
STREET ADDRESS: 717 N HARWOOD	
CITY-ST-ZIP: DALLAS TX 75201	
TITLE: VP	<input type="checkbox"/> Delete
NAME: WILSON, M M	
STREET ADDRESS: 717 N HARWOOD	
CITY-ST-ZIP: DALLAS TX 75201	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE: AVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RONALD FARMER	
STREET ADDRESS: 717 NORTH HARWOOD	
CITY-ST-ZIP: DALLAS, TX 75201	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ron Farmer **RON FARMER** 5-17-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #