

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01186

1. Entity Name

SECURITY CONTINENTAL INSURANCE COMPANY

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90056 039 ****70.00

Principal Place of Business

Mailing Address

2001 BUTTERFIELD ROAD
SUITE 900
DOWNERS GROVE IL 60515

2001 BUTTERFIELD ROAD
SUITE 900
DOWNERS GROVE IL 60515-1050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3757528

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RHONE, JAMES R	
STREET ADDRESS	2001 BUTTERFIELD ROAD, SUITE 900	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FISHER, GABLE HS	
STREET ADDRESS	2001 BUTTERFIELD ROAD, SUITE 900	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LLOYD, MICHAEL T	
STREET ADDRESS	2001 BUTTERFIELD RD, STE 900	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEATON, SHARON K	
STREET ADDRESS	2001 BUTTERFIELD RD, STE 900	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, JAMES A DDS	
STREET ADDRESS	2001 BUTTERFIELD RD, STE 900	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLAND, TERRY G DDS	
STREET ADDRESS	2001 BUTTERFIELD RD, STE 900	
CITY-ST-ZIP	DOWNERS GROVE FL 60515	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E. Dennison, D.M.D.	
STREET ADDRESS	2001 Butterfield Road, Suite 900	
CITY-ST-ZIP	Downers Grove, IL 60515	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert E. Dennison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 7, 2000

Date

(800) 414-4988

Daytime Phone #

CR2E037 (9/99)