FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **814185** **(5)**

1. Corporation Name

SECURITY LIFE OF DENVER INSURANCE COMPANY

Principal Place of Business	Mailing Address
1290 BROADWAY DENVER CO 80203-5601	1290 BROADWAY DENVER CO 80203-5601

3. Date Incorporated or Qualified: **01/27/1960**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business — 21: —; 22 Suite, Apt. #, etc.: —; 23 City & State: —; 24 Zip: —; 25 Country: —

2a. Mailing Address — 26: —; 27 Suite, Apt. #, etc.: —; 28 City & State: —; 29 Zip: —; 30 Country: —

4. FEI Number: **84-0499703** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAUNER, MARCIA A
%PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET; SUITE 105
TALLAHASEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COLOROSA, IRENE		1.2 NAME		
STREET ADDRESS	1290 BROADWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEERING, FRED A.		2.2 NAME		
STREET ADDRESS	1290 BROADWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO		2.4 CITY-ST-ZIP		
TITLE	SVS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COPELAND, EUGENE L.		3.2 NAME		
STREET ADDRESS	1290 BROADWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONROY, T.F.		4.2 NAME		
STREET ADDRESS	1290 BROADWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	GASTON, JAN. C		5.2 NAME	Lyndon E. Oliver	
STREET ADDRESS	1290 BROADWAY		5.3 STREET ADDRESS	5780 Powers Ferry Road	
CITY-ST-ZIP	DENVER CO		5.4 CITY-ST-ZIP	Atlanta GA 30327-4390	
TITLE	SV	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	BOYKO, GREG		6.2 NAME	Mark A Smith	
STREET ADDRESS	1290 BROADWAY		6.3 STREET ADDRESS	1290 Broadway	
CITY-ST-ZIP	DENVER CO		6.4 CITY-ST-ZIP	Denver CO 80203	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/4/96 (303)860-1290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)