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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P01186 (6)

1. Corporation Name

SECURITY CONTINENTAL INSURANCE COMPANY

Principal Place of Business

2001 BUTTERFIELD ROAD
SUITE 900
DOWNERS GROVE IL 60515

Mailing Address

2001 BUTTERFIELD ROAD
SUITE 900
DOWNERS GROVE IL 60515-1050



3. Date Incorporated or Qualified 03/09/1984 3a. Date of Last Report 03/27/1996

4. FEI Number 36-3757528 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME MARTIN, DR. HAROLD LEE
STREET ADDRESS 2001 BUTTERFIELD ROAD, SUITE 900
CITY-ST-ZIP DOWNERS GROVE IL

TITLE AS
NAME O'CONNOR, VIRGINIA ELEAN
STREET ADDRESS 2001 BUTTERFIELD ROAD, SUITE 900
CITY-ST-ZIP DOWNERS GROVE IL

TITLE D
NAME ALZENO, GUERNEY EDWARD
STREET ADDRESS 2001 BUTTERFIELD ROAD
CITY-ST-ZIP DOWNERS GROVE IL

TITLE D
NAME BAAHLMANN, RALPH HENRY
STREET ADDRESS 2001 BUTTERFIELD ROAD, SUITE 900
CITY-ST-ZIP DOWNERS GROVE FL

TITLE D
NAME COLLINS, ROOSEVELT D.
STREET ADDRESS 2001 BUTTERFIELD ROAD, SUITE 900
CITY-ST-ZIP DOWNER GROVE IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harold L. Martin

2/17/97 (800) 414-4988

CR2E037 (9/96)