

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01186 1. Corporation Name SECURITY CONTINENTAL INSURANCE COMPANY	(6)
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Principal Place of Business 2001 BUTTERFIELD ROAD SUITE 900 DOWNERS GROVE IL 60515	Mailing Address 2001 BUTTERFIELD ROAD SUITE 900 DOWNERS GROVE IL 60515
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3. Date Incorporated or Qualified 03/09/1984	
4. FEI Number 36-3757528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS NAME MARTIN, DR. HAROLD LEE STREET ADDRESS 2001 BUTTERFIELD ROAD, SUITE 900 CITY-ST-ZIP DOWNERS GROVE IL	<input type="checkbox"/> DELETE	1.1 TITLE T 1.2 NAME LLOYD, MICHAEL THOMAS 1.3 STREET ADDRESS 2001 BUTTERFIELD ROAD, SUITE 900 1.4 CITY-ST-ZIP DOWNERS GROVE, IL 60515	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AS NAME O'CONNOR, VIRGINIA ELEAN STREET ADDRESS 2001 BUTTERFIELD ROAD, SUITE 900 CITY-ST-ZIP DOWNERS GROVE IL	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME BURACK, MICHAEL EARL 2.3 STREET ADDRESS 2001 BUTTERFIELD ROAD, SUITE 900 2.4 CITY-ST-ZIP DOWNERS GROVE, IL 60515	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ALZENO, GUERNEY EDWARD STREET ADDRESS 2001 BUTTERFIELD ROAD CITY-ST-ZIP DOWNERS GROVE IL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME DAY, DDS, JAMES ALAN 3.3 STREET ADDRESS 2001 BUTTERFIELD ROAD, SUITE 900 3.4 CITY-ST-ZIP DOWNERS GROVE, IL 60515	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BAAHLMANN, RALPH HENRY STREET ADDRESS 2001 BUTTERFILE ROAD, SUITE 900 CITY-ST-ZIP DOWNERS GROVE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME ENGLAND, DDS, TERRY GRANT 4.3 STREET ADDRESS 2001 BUTTERFIELD ROAD, SUITE 900 4.4 CITY-ST-ZIP DOWNERS GROVE, IL 60515	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME COLLINS, ROOSEVELT D. STREET ADDRESS 2001 BUTTERFIELD ROAD, SUITE 900 CITY-ST-ZIP DOWNER GROVE IL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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* 2/26/98 800-414-4988

CR2E037 (10/97)