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0544066

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 01, 1999 8:00 am**
**Secretary of State**
04-01-1999 90050 008 ***150.00

DOCUMENT # 814185

1. Corporation Name
SECURITY LIFE OF DENVER INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 1290 BROADWAY<br>DENVER CO 80203-5601 | 1290 BROADWAY<br>DENVER CO 80203-5601 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/27/1960

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | S | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WAGGONER, GARY W | | 1.2 NAME | | |
| STREET ADDRESS | 1290 BROADWAY | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DENVER CO 80203 | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CHRISTOPHER, STEPHEN M | | 2.2 NAME | | |
| STREET ADDRESS | 1290 BROADWAY | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DENVER CO 80203 | | 2.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ 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 | YARINA, STEPHEN J | | 5.2 NAME | Winsor, Amy L. | |
| STREET ADDRESS | 1290 BROADWAY | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DENVER CO | | 5.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SMITH, MARK A. | | 6.2 NAME | | |
| STREET ADDRESS | 1290 BROADWAY | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DENVER CO | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Amy L. Winsor REQUIRED 3-16-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #