

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01186

1. Entity Name

SECURITY CONTINENTAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

809 OGDEN AVE.  
LISLE IL 60532

809 OGDEN AVE.  
LISLE IL 60532

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

X

\$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 P ☐ Delete  
NAME DENNISON, ROBERT E DMD  
STREET ADDRESS 809 OGDEN AVENUE  
CITY-ST-ZIP LISLE IL 60532

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME FISHER, GABLE HS  
STREET ADDRESS 809 OGDEN AVENUE  
CITY-ST-ZIP LISLE IL 60532

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME MANSFIELD, KARLA J  
STREET ADDRESS 809 OGDEN AVENUE  
CITY-ST-ZIP LISLE IL 60532

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HEATON, SHARON K  
STREET ADDRESS 809 OGDEN AVENUE  
CITY-ST-ZIP LISLE IL 60532

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DAY, JAMES A DDS  
STREET ADDRESS 809 OGDEN AVENUE  
CITY-ST-ZIP LISLE IL 60532

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ENGLAND, TERRY G DDS  
STREET ADDRESS 809 OGDEN AVENUE  
CITY-ST-ZIP LISLE IL 60532

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Karla J Mansfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARLA J. MANSFIELD, CFO 2/19/02 414-4988

Date

Daytime Phone #

FILED  
Mar 07, 2002 8:00 am  
Secretary of State

03-07-2002 90057 044 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)