

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01186

FILED
Mar 09, 2004
Secretary of State**Entity Name:** SECURITY CONTINENTAL INSURANCE COMPANY**Current Principal Place of Business:**809 OGDEN AVE.
LISLE, IL 60532**New Principal Place of Business:****Current Mailing Address:**809 OGDEN AVE.
LISLE, IL 60532**New Mailing Address:****FEI Number:** 36-3757528**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DENNISON, ROBERT E DMD
Address: 809 OGDEN AVENUE
City-St-Zip: LISLE, IL 60532

Title: S () Delete
Name: FISHER, GABLE HS
Address: 809 OGDEN AVENUE
City-St-Zip: LISLE, IL 60532

Title: T () Delete
Name: MANSFIELD, KARLA J
Address: 809 OGDEN AVENUE
City-St-Zip: LISLE, IL 60532

Title: D () Delete
Name: HEATON, SHARON K
Address: 809 OGDEN AVENUE
City-St-Zip: LISLE, IL 60532

Title: D () Delete
Name: DAY, JAMES A DDS
Address: 809 OGDEN AVENUE
City-St-Zip: LISLE, IL 60532

Title: D () Delete
Name: COLGAN, THOMAS J
Address: 809 OGDEN AVE.
City-St-Zip: LISLE, IL 60532

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLGAN, THOMAS J
Address: 809 OGDEN AVENUE
City-St-Zip: LISLE, IL 60532

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: COLGAN, THOMAS J
Address: 809 OGDEN AVENUE
City-St-Zip: LISLE, IL 60532

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NOLL, MARTIN
Address: 809 OGDEN AVE.
City-St-Zip: LISLE, IL 60532

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. DENNISON, DMD

D

03/09/2004

Electronic Signature of Signing Officer or Director

Date

ROBERT TRANTER, DIRECTOR
809 OGDEN AVENUE
LISLE, ILLINOIS 60532

DR. RICHARD PERRY, DIRECTOR
809 OGDEN AVENUE
LISLE, ILLINOIS 60532

DANIEL PANCAKE, DIRECTOR
809 OGDEN AVENUE
LISLE, ILLINOIS 60532