

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90850 025 ****70.00

DOCUMENT # P01186

1. Entity Name

SECURITY CONTINENTAL INSURANCE COMPANY



Principal Place of Business

**809 OGDEN AVE.
LISLE IL 60532**

Mailing Address

**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



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENNISON, ROBERT E DMD 809 OGDEN AVENUE LISLE IL 60532 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHER, GABLE HS 809 OGDEN AVENUE LISLE IL 60532 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANSFIELD, KARLA J 809 OGDEN AVENUE LISLE IL 60532 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEATON, SHARON K 809 OGDEN AVENUE LISLE IL 60532 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, JAMES A DDS 809 OGDEN AVENUE LISLE IL 60532 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLAND, TERRY G DDS <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS J COLGAN 809 OGDEN AVE LISLE IL 60532 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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** **KARLA J. MANSFIELD, CFO 2/1/03** (800) 414-4988

CR2E037 (10/02)

attachment 90040826
P01186

FLORIDA

2003 UNIFORM BUSINESS REPORT

FOR SECURITY CONTINENTAL INSURANCE COMPANY

DOCUMENT # P01186

CONTINUATION OF BOX 10

TITLE: D
NAME: LORRAINE ARVIN
STREET ADDRESS: 809 OGDEN AVENUE
CITY-ST-ZIP: Lisle IL 60532

TITLE: D
NAME: MARTIN NOLL
STREET ADDRESS: 809 OGDEN AVENUE
CITY-ST-ZIP: Lisle IL 60532

TITLE: D
NAME: DANIEL PANCAKE
STREET ADDRESS: 809 OGDEN AVENUE
CITY-ST-ZIP: Lisle IL 60532

TITLE: D
NAME: ROBERT TRANTER
STREET ADDRESS: 809 OGDEN AVENUE
CITY-ST-ZIP: Lisle IL 60532