

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90039 022 ***550.00

DOCUMENT # 801474

1. Entity Name

SECURITY LIFE AND TRUST INSURANCE COMPANY

00037100



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

717 N HARWOOD
 DALLAS TX 75201
 US

POB 2699
 DALLAS TX 75221-2699
 US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 132699

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 DALLAS, TX

4. FEI Number **56-0392100**

Applied For
 Not Applicable

Zip

Country

Zip **75313-2699**

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 STATE OF FLORIDA
 TALLAHASSEE FL**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCDERMOTT, J P	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	JOHNSON, STEVE R	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	AT	<input type="checkbox"/> Delete
NAME	JOBSON, BETTY M	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PIMSNER, R P	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEONARD, DAVID A	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, M M	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX 75201	

TITLE	AVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD FARMER	
STREET ADDRESS	717 NORTH HARWOOD	
CITY-ST-ZIP	DALLAS, TX 75201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ron Farmer* **RON FARMER**

5-17-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #