FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED
95 MAR -1 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 811037 (1)

1. SECURITY CONNECTICUT LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
SECURITY DRIVE AVON,CONNECTICUT 06001	SECURITY DRIVE AVON,CONNECTICUT 06001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/21/1956
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business (21): Street, Apt. #, etc. (22): City & State (23): State (24) / Country (25)

2a. Mailing Address (26): Street, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: 35-1468921 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RANDOLPH, TED.
3301 N.E. 5TH AVE.
MIAMI FL 33137

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 (Registered Agent's signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	VT	11 TITLE	☐ Change ☐ Addition
02 NAME	VOIGHT, ROBERT J	12 NAME	
03 STREET ADDRESS	20 SECURITY DR	13 STREET ADDRESS	
04 CITY-ST-ZIP	AVON, CT 00000	14 CITY-ST-ZIP	
05 TITLE	P	21 TITLE	☐ Change ☐ Addition
06 NAME	JARVIS, RONALD D	22 NAME	
07 STREET ADDRESS	20 SECURITY DR	23 STREET ADDRESS	
08 CITY-ST-ZIP	AVON, CT 00000	24 CITY-ST-ZIP	
09 TITLE	V	31 TITLE	☐ Change ☐ Addition
10 NAME	ST PIERRE, BARRY J	32 NAME	
11 STREET ADDRESS	20 SECURITY DR	33 STREET ADDRESS	
12 CITY-ST-ZIP	AVON, CT 00000	34 CITY-ST-ZIP	
13 TITLE	T	41 TITLE	☐ Change ☒ Addition
14 NAME	Mocarski, Richard D	42 NAME	
15 STREET ADDRESS	20 Security Drive	43 STREET ADDRESS	
16 CITY-ST-ZIP	Avon, CT 00000	44 CITY-ST-ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 with an asterisk (*) or in an attached list with an address.

SIGNATURE: Jodi Dean Jodi Dean, Assistant Controller 2/24/95 (203) 674-6082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393004 FP