


FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 811037
1. Corporation Name
SECURITY CONNECTICUT LIFE INSURANCE COMPANY

Principal Place of Business
SECURITY DRIVE
AVON, CONNECTICUT 06001

Mailing Address
SECURITY DRIVE
AVON, CONNECTICUT 06001

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
05/21/1956
3a. Date of Last Report
02/27/1996
4. FEI Number
35-1468921
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes

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
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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE
SIGNATURE OF THE PRINCIPAL OFFICER OF THE CORPORATION
SIGNATURE OF THE REGISTERED AGENT
SIGNATURE OF THE SECRETARY OF STATE

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1.5 CITY - ST - ZIP
1.6 CITY - ST - ZIP
1.7 CITY - ST - ZIP
1.8 CITY - ST - ZIP
1.9 CITY - ST - ZIP
1.10 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1.5 CITY - ST - ZIP
1.6 CITY - ST - ZIP
1.7 CITY - ST - ZIP
1.8 CITY - ST - ZIP
1.9 CITY - ST - ZIP
1.10 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

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