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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State 4 DIVISION OF CORPORATIONS

1997

(1)

DOCUMENT # 811037 SECURITY CONNECTICUT LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address SECURITY DRIVE SECURITY DRIVE AVON.COMMECTICUT 06001 AVON.COMMECTICUT 0600			01	1 106481 18121 1822 1821 4246 1911 2021 2021 2121 2121 2121 2121 2121			
						3. Date Incorporated or Qualified 05/21/1956	3a. Date of Last Report 02/27/1996
2. Principal P	lace of Business	2a, Mailing Address				4, FEI Number	Applied For
21		26				35-1468921	Not Applicable
Suite, Apt. #, elc 22		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		C	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		T		Trust Fund Contribution	Added to Fees
Zip			Count	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	25 29 9. Name and Address of Current Registered Agent		30]	10. Name and Address of New Registered Agent			
RAN	DOLPH, TED.	· -	<u></u>	8	Name		Ω
3301 N.E. 5TH AVE.				1	Stroot Add	or ne//o To le // ress (P.O. Box Number is Not Accepte	this is
	AI FL 33137					90 Peters Rd.	Suite 6/09
•				8			
				B	4 City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	es Zio Codo
						antation	FL 33324
11. Pursuart	to the provisions of Sections 607.05	02 and 607	1508, Florida Statu	tes, the abo	ve-named corp	poration submits this statement for the tion's board of directors. I hereby acception	purpose of changing its registered
agent I a	m fam far the obli	daire, or s	ection 607.0505, F	lorida Statut	es.	. 10 - 1	shi me apportment as registered
SIGNATURE	X/\\	Ch				seph K. Tornella	3-12-97
	Stop Care; Los Los procles diame of registered a OFFICERS A			TE: Repistered A	gent signature regul	red When reinstating)* ADDITIONS/CHANGES TO OFFI	DATE
12.	OFFICENS A	ND DINEG I	DELETE	1.1 TITLE	V	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	VOIGHT, ROBERT J		ت المعادد	1.2 NAMI	, ,		Stange Lineshon
STREET ADDRESS	20 SECURITY DR				ET ADDRESS		ì
C(1) Y - S1 - Z(P	AVON, CT 00000		1.4 CITY-ST-ZIP			06001	
TITLE	P			2.1 TITLE			Change Addition
NAME	JARVIS, RONALD D	is, ronald d		2.2 NAM			{
STREET ADDRESS	RO SECURITY DR		2.3 STRE	.3 STREET ADDRESS			
CHY-S1-7F	AVON, CT 00000	· · · · · · · · · · · · · · · · · · ·		2 4 CITY	-51-ZIP		06001
THIE	V DELETE		3.1 TITLE			Change L Addition	
NAME	ST PIERRE, BARRY J			3.2 NAM	1		ł
STHEET ACKIRESS	20 SECURITY DR			1	et address		26001
City-St-7IP	AVON, CT 00000		T por est	3.4. CITY			O6001 Change Addition
TITLE NAME	MOCARSKI, RICHARD D		DELETE	4.1 TITLE	(•	7	Change Addition
STREET ADDRESS	20 SECURITY DRIVE			4 2 NAM	1		į.
	AVON CT			•	ET ADDRESS ST-ZIP		ALDOI
CHY-S1-7iP TILLE	THVII UI		DELETE	5.1 TITLE	2		Change Addition
NAMí				5.2 NAM	7	DeVita, Patricia. 20 Security Print Avon, CT 0600	A
STREET ADDRESS			1	ET ADDRESS	20 Security Dun	//··//	
CHY-S1-ZiP				5.4 CITY	ST-ZIP	Avan CT 0600	7
TILE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAM!	• }		
STREET ADDRESS				6,3 STRE	et address		
CITY -ST-7/P	··			6.4 CITY			
Informatio	n indicated on this annual report or	supplemen	tal annual report is	true and ac	curate and that	d in Section 119.07(3)(i), Florida Statut t my signature shall have the same leg	ial effect as it made under cath: that I
l ani an o	fficer or director of the corporation	or the receiv	er or trustee empo-	wered to exe	cute this repo	rt as required by Chapter 607, Florida	Statutes; and that my name