

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **811037** (1)
1. Corporation Name
SECURITY CONNECTICUT LIFE INSURANCE COMPANY

Principal Place of Business SECURITY DRIVE AVON, CONNECTICUT 06001	Mailing Address SECURITY DRIVE AVON, CONNECTICUT 06001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/21/1956	
		4. FEI Number 35-1468921		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent TORNELLO, JOSEPH R. 7890 PETERS RD. SUITE G 109 PLANTATION FL 33324				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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOIGHT, ROBERT J	1.2 NAME	James R. Gelder
STREET ADDRESS	20 SECURITY DR	1.3 STREET ADDRESS	20 Security Drive
CITY-ST-ZIP	AVON, CT 00000	1.4 CITY-ST-ZIP	Avon, CT 06001-4237
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARVIS, RONALD D	2.2 NAME	
STREET ADDRESS	20 SECURITY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST PIERRE, BARRY J	3.2 NAME	William P. Norris
STREET ADDRESS	20 SECURITY DR	3.3 STREET ADDRESS	20 Security Drive
CITY-ST-ZIP	AVON, CT 00000	3.4 CITY-ST-ZIP	Avon, CT 06001-4237
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCARSKI, RICHARD D	4.2 NAME	
STREET ADDRESS	20 SECURITY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVITA, PATRICIA A	5.2 NAME	Susan M. Bergen
STREET ADDRESS	20 SECURITY DR.	5.3 STREET ADDRESS	20 Washington Avenue South
CITY-ST-ZIP	AVON CT	5.4 CITY-ST-ZIP	Minneapolis, MN 55401
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 *Richard D. Mocarski* Richard D. Mocarski

February 3 1998

(860) 671-6082

CR2E034 (10/97)