

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811037

1. Entity Name
SECURITY CONNECTICUT LIFE INSURANCE COMPANY

Principal Place of Business
20 SECURITY DRIVE
AVON CT 06001

Mailing Address
20 SECURITY DRIVE
AVON CT 06001

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

3. Mailing Address
20 Washington Ave.
Suite, Apt. #, etc.
City & State
Minneapolis, MN
Zip
55401
Country
USA

4. FEI Number 35-1468921
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TORNELLO, JOSEPH R.
7890 PETERS RD.
SUITE G 109
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name Insurance Commissioner of FL
Street Address (P.O. Box Number is Not Acceptable)
The Capitol Building
City Tallahassee FL Zip Code 32304

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, 2001 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	PCOE	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GELDER, JAMES R			NAME			
STREET ADDRESS	20 SECURITY DR			STREET ADDRESS			
CITY-ST-ZIP	AVON CT 06001			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HULTGREN, ARTHUR W			NAME			
STREET ADDRESS	20 WASHINGTON AVE SO			STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN 55401			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RENELT, LORALEE A			NAME			
STREET ADDRESS	20 WASHINGTON AVE SO			STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN 55401			CITY-ST-ZIP			
TITLE	SVAT	<input type="checkbox"/> Delete		TITLE	See Attached title	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORDAHL, MARK S			NAME			
STREET ADDRESS	20 WASHINGTON AVE SO			STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN 55401			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERGEN, SUSAN M			NAME	Paula Cludray-Engelle		
STREET ADDRESS	20 WASHINGTON AVE SOUTH			STREET ADDRESS	20 Washington Ave. S.		
CITY-ST-ZIP	MINNEAPOLIS MN 55401			CITY-ST-ZIP	Minneapolis, MN 55401		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(i), 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: Rebecca A. Schoff 612/342-3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6-17-01 Daytime Phone #

04-25-2001 90014 045 ***150.00
811037
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 15 AM 11:58



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Security-Connecticut Life Insurance Company
20 Washington Avenue South
Minneapolis, MN 55401

Attachment
81037
800368005

<u>Director</u>	<u>Title</u>
Wayne Robert Huneke	Director
P. Randall Lowery	Director
Thomas Joseph McInerney	Director
Robert Charles Salipante	Director
Mark Alan Tullis	Director

<u>Officer</u>	<u>Title</u>
Robert Charles Salipante	Chairman and Chief Executive Officer
James Roderick Gelder	President
Stephen Mack Christopher	CEO US Life Group
Michael John Dubes	Executive Vice President, US Life Group
Mark Steven Jordahl	Senior Vice President and Chief Investment Officer
Richard Ralph Crowl	Senior Vice President and General Counsel
Wayne Robert Huneke	Chief Financial Officer and Assistant Treasurer
Leroy Paul Champagne	Vice President
Paul Harry Gulstrand	Vice President
Arthur William Hultgren	Vice President
John Anthony Johnson	Vice President
Kenneth Udell Kuk	Vice President
Jeffrey William Seel	Vice President
Fred Cooper Smith	Vice President
Carol Sandra Stern	Vice President
Chris Duane Schreier	Vice President and Assistant Treasurer
Thomas J. Balachowski	Vice President and CEO, Investment Management
Robert Keane Palmer	Vice President and Chief Medical Director
David Scott Pendergrass	Vice President and Treasurer
Marianne Patrissi Rice	Vice President, Operations
Craig Richard Lowry	Vice President, Sales
Jeremy Slade Holmes	Vice President, Underwriting
Paula Cludray-Engelke	Secretary
Michael Stanford Fischer	Assistant Secretary
Kent Fredrickson	Assistant Secretary
Judith K. Ginter	Assistant Secretary
Brian D. Hansen	Assistant Secretary
Terri Wecker Maxwell	Assistant Secretary
Carol J. Moller	Assistant Secretary
Allissa A Obler	Assistant Secretary
Loralee Ann Renelt	Assistant Secretary
Steven P. Ruppel	Assistant Secretary
Rebecca A. Schoff	Assistant Secretary
Patricia A. Thompson	Assistant Secretary
Frederick C. Litow	Assistant Treasurer
Renee McKenzie	Assistant Treasurer and Assistant Secretary
Glenn Allan Black	Tax Officer
Joseph J. Elmy	Tax Officer
Michael Fell	Tax Officer