

# 2002 UNIFORM BUSINESS REPORT (UBR)

0139900 AB

**DOCUMENT # 811037**  
 1. Entity Name  
**SECURITY CONNECTICUT LIFE INSURANCE COMPANY**

FILED

02 DEC -3 PM 4:06

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business: **20 SECURITY DRIVE AVON CT 06001**  
 Mailing Address: **20 WASHINGTON AVE MINNEAPOLIS MN 55401**



**REINSTATEMENT 02**  
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **20 Washington Avenue S.**  
 3. Mailing Address: **Route 1262**  
 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  
**INSURANCE COMMISSIONER**  
**THE CAPITOL BUILDING**  
**TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** Zip Code: \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	
TITLE: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>GELDER, JAMES R</b>	
STREET ADDRESS: <b>20 SECURITY DR</b>	
CITY-ST-ZIP: <b>AVON CT 06001</b>	
TITLE: <b>V</b>	<input type="checkbox"/> Delete
NAME: <b>HULTGREN, ARTHUR W</b>	
STREET ADDRESS: <b>20 WASHINGTON AVE SO</b>	
CITY-ST-ZIP: <b>MINNEAPOLIS MN 55401</b>	
TITLE: <b>AS</b>	<input type="checkbox"/> Delete
NAME: <b>RENELT, LORALEE A</b>	
STREET ADDRESS: <b>20 WASHINGTON AVE SO</b>	
CITY-ST-ZIP: <b>MINNEAPOLIS MN 55401</b>	
TITLE: <b>VCIO</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>JORDAHL, MARK S</b>	
STREET ADDRESS: <b>20 WASHINGTON AVE SO</b>	
CITY-ST-ZIP: <b>MINNEAPOLIS MN 55401</b>	
TITLE: <b>S</b>	<input type="checkbox"/> Delete
NAME: <b>CLUDRAY-ENGELKE, PAULA</b>	
STREET ADDRESS: <b>20 WASHINGTON AVE SOUTH</b>	
CITY-ST-ZIP: <b>MINNEAPOLIS MN 55401</b>	
TITLE: <b>DCEO</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>SALIPANTE, ROBERT C</b>	
STREET ADDRESS: <b>20 WASHINGTON AVE SOUTH</b>	
CITY-ST-ZIP: <b>MINNEAPOLIS MN 55401</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D, CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>Schreir, Chris D.</b>	
STREET ADDRESS: <b>5780 Powers Ferry Road NW</b>	
CITY-ST-ZIP: <b>Atlanta, GA 30327</b>	
TITLE: <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Gelder, James R.</b>	
STREET ADDRESS: <b>20 Washington Avenue South</b>	
CITY-ST-ZIP: <b>Minneapolis, MN 55401</b>	
TITLE: <b>500008793825</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>11/05/02--01003--017</b>	
STREET ADDRESS: <b>**200.00</b>	
CITY-ST-ZIP: <b>100008793861</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>11/05/02--01003--018</b>	
STREET ADDRESS: <b>**550.00</b>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
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: *Paula Cludray-Engelke* **REQUIRED** Paula Cludray-Engelke, Sec. 612-342-3968  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **10/25/2002** Daytime Phone #

CFR2E034 (4/02)

KAREN,

Page 1 of 1

**Pam Edenfield**

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**From:** Pam Edenfield  
**Sent:** Wednesday, December 04, 2002 2:46 PM  
**To:** Karon Beyer (E-mail)  
**Subject:** REINSTATEMENT-DOI AS REGISTERED AGENT

KAREN,  
THE COMPANY SHOWN BELOW IS REQUIRED BY Ch. 48.151 and 624.422, FLORIDA STATUTES TO DESIGNATE THE INSURANCE COMMISSIONER AS THEIR REGISTERED AGENT,, BUT HAS ALLOWED THEIR STATUS TO BECOME INACTIVE DUE TO FAILURE TO FILE ANNUAL STATEMENT. **PLEASE ALLOW THEM TO DESIGNATE THE INSURANCE COMMISSIONER AS REGISTERED AGENT WHEN FILING THEIR REINSTATEMENT.**

**SECURITY CONNECTICUT LIFE INSURANCE COMPANY**  
**FEIN: 35-1468921**  
**Ref# 811037**

**I AM FORWARDING A COPY OF THIS EMAIL TO THEIR OFFICE TO BE ATTACHED TO THEIR REINSTATEMENT APPLICATION AS OUR APPROVAL AND ACCEPTANCE OF DESIGNATION.**  
THANKS FOR YOUR HELP!

2/4/2002