

2002 UNIFORM BUSINESS REPORT (UBR)

0139900 AB

DOCUMENT # 811037

1. Entity Name
SECURITY CONNECTICUT LIFE INSURANCE COMPANY

FILED

02 DEC -3 PM 4:06

Principal Place of Business

20 SECURITY DRIVE
AVON CT 06001

Mailing Address

20 WASHINGTON AVE
MINNEAPOLIS MN 55401

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20 Washington Avenue S.

3. Mailing Address

Suite, Apt. #, etc.

Route 1262

Suite, Apt. #, etc.

City & State

Minneapolis, MN

City & State

Zip

55401

Country

USA

Zip

Country

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

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 \$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 P ☐ Delete
NAME GELDER, JAMES R
STREET ADDRESS 20 SECURITY DR
CITY-ST-ZIP AVON CT 06001

TITLE V ☐ Delete
NAME HULTGREN, ARTHUR W
STREET ADDRESS 20 WASHINGTON AVE SO
CITY-ST-ZIP MINNEAPOLIS MN 55401

TITLE AS ☐ Delete
NAME RENELT, LORALEE A
STREET ADDRESS 20 WASHINGTON AVE SO
CITY-ST-ZIP MINNEAPOLIS MN 55401

TITLE VCIO ☒ Delete
NAME JORDAHL, MARK S
STREET ADDRESS 20 WASHINGTON AVE SO
CITY-ST-ZIP MINNEAPOLIS MN 55401

TITLE S ☐ Delete
NAME CLUDRAY-ENGELKE, PAULA
STREET ADDRESS 20 WASHINGTON AVE SOUTH
CITY-ST-ZIP MINNEAPOLIS MN 55401

TITLE DCEO ☒ Delete
NAME SALIPANTE, ROBERT C
STREET ADDRESS 20 WASHINGTON AVE SOUTH
CITY-ST-ZIP MINNEAPOLIS MN 55401

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, CFO ☐ Change ☒ Addition
NAME Schreir, Chris D.
STREET ADDRESS 5780 Powers Ferry Road NW
CITY-ST-ZIP Atlanta, GA 30327

TITLE P ☒ Change ☐ Addition
NAME Gelder, James R.
STREET ADDRESS 20 Washington Avenue South
CITY-ST-ZIP Minneapolis, MN 55401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500008793825
STREET ADDRESS 11/05/02--01003--017 **200.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100008793861
STREET ADDRESS 11/05/02--01003--018 **550.00
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Daytime Phone #

CR2E034 (4/02)

KAREN,

Page 1 of 1

Pam Edenfield

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!