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FILED
Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 814185 (5)
1. Corporation Name
SECURITY LIFE OF DENVER INSURANCE COMPANY



Principal Place of Business Mailing Address
1290 BROADWAY 1290 BROADWAY
DENVER CO 80203-5801 DENVER CO 80203-2122

3. Date Incorporated or Qualified 01/27/1960 3a. Date of Last Report 03/12/1996
4. FEI Number 84-0499703 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

HAUNER, MARCIA A
%PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL

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 title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLOROSA, IRENE	1.2 NAME	
STREET ADDRESS	1290 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEERING, FRED A.	2.2 NAME	Hilliard, R. Glenn
STREET ADDRESS	1290 BROADWAY	2.3 STREET ADDRESS	1290 Broadway
CITY-ST-ZIP	DENVER CO	2.4 CITY-ST-ZIP	Denver, Colorado 80203
TITLE	SVS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, EUGENE L.	3.2 NAME	
STREET ADDRESS	1290 BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, T.F.	4.2 NAME	
STREET ADDRESS	1290 BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, LYNDON E.	5.2 NAME	Yarina, Stephen, J.
STREET ADDRESS	5780 POWERS FERRY ROAD	5.3 STREET ADDRESS	1290 Broadway
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	Denver, Colorado 80203
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARK A.	6.2 NAME	
STREET ADDRESS	1290 BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-97 303-860-1290

Date Daytime Phone #

CR2E034 (9/96)