

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814185

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** SECURITY LIFE OF DENVER INSURANCE COMPANY

**Current Principal Place of Business:**

1290 BROADWAY  
DENVER, CO 802035601

**New Principal Place of Business:**

**Current Mailing Address:**

20 WASHINGTON AVE S  
ROUTE 1261  
MINNEAPOLIS, MN 55401

**New Mailing Address:**

**FEI Number:** 84-0499703      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: BENNER, JOY  
Address: 20 WASHINGTON AVE SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55401

Title: CFOD ( ) Delete  
Name: WHEAT, DAVID A  
Address: 5780 POWERS FERRY RD NW  
City-St-Zip: ATLANTA, GA 30327

Title: P ( ) Delete  
Name: BRITTON, DONALD W  
Address: 5780 POWERS FERRY RD NW  
City-St-Zip: ATLANTA, GA 30327

Title: D ( ) Delete  
Name: MCINERNEY, THOMAS J  
Address: 5780 POWERS FERRY RD NW  
City-St-Zip: ATLANTA, GA 30327

Title: AS ( ) Delete  
Name: FOSTER, M. CHRISTINE  
Address: 20 WASHINGTON AVE. SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55401

Title: T ( ) Delete  
Name: PENDERGRASS, DAVID S  
Address: 5780 POWERS FERRY RD NW  
City-St-Zip: ATLANTA, GA 30327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. CHRISTINE FOSTER

AS

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date