FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **834453** **(3)**

1. Corporation Name

SECURITY FIRST LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
11365 W OLYMPIC BLVD LOS ANGELES CA 90064	11365 W OLYMPIC BLVD LOS ANGELES CA 90064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/30/1975**
3a. Date of Last Report: **04/26/1994**

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

4. FEI Number: **54-0696644** ☐ 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32399

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	C ☒ Change ☐ Addition
NAME	ARMSTRONG, R. BROCK	12 NAME	
STREET ADDRESS	11365 W OLYMPIC BLVD	13 STREET ADDRESS	33 YONGE STREET, STE. 600
CITY-ST-ZIP	LOS ANGELES CA	14 CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M5E 1G9
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	ROBERT G MEPHAM	22 NAME	
STREET ADDRESS	11365 W OLYMPIC BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 00000	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BATEMAN, GEORGE R	32 NAME	
STREET ADDRESS	2248 S BENTLEY AVE #5	33 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 00000	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	KAYTON, HOWARD "H"	42 NAME	
STREET ADDRESS	11365 W OLYMPIC BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	44 CITY-ST-ZIP	
TITLE	VPF	51 TITLE	☐ Change ☐ Addition
NAME	EAGLE, JANE FRANCES	52 NAME	
STREET ADDRESS	11365 W OLYMPIC BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	54 CITY-ST-ZIP	
TITLE	VAS	61 TITLE	☐ Change ☐ Addition
NAME	PEARSON, RICHARD C.	62 NAME	
STREET ADDRESS	598 LOS ARBOLES LANE	63 STREET ADDRESS	
CITY-ST-ZIP	SAN MARINO CA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard C Pearson 4/25/95 310-312-6100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD C. PEARSON, SR. V.P., GENERAL COUNSEL, SECRETARY

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