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Jan 22 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 # 834453 (3)

1. Corporation Name  
SECURITY FIRST LIFE INSURANCE COMPANY

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

Mailing Address  
11365 W OLYMPIC BLVD  
LOS ANGELES CA 90064-1806



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/30/1975

3a. Date of Last Report

02/12/1996

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C  
NAME ARMSTRONG, R. BROCK  
STREET ADDRESS 33 YONGE STREET, STE. 600  
CITY-ST-ZIP TORONTO ON

TITLE P  
NAME ROBERT G MEFHAM  
STREET ADDRESS 11365 W OLYMPIC BLVD  
CITY-ST-ZIP LOS ANGELES, CA 00000

TITLE V  
NAME BATEMAN, GEORGE R  
STREET ADDRESS 2248 S BENTLEY AVE #5  
CITY-ST-ZIP LOS ANGELES, CA 00000

TITLE V  
NAME KAYTON, HOWARD "H"  
STREET ADDRESS 11365 W OLYMPIC BLVD  
CITY-ST-ZIP LOS ANGELES CA

TITLE VPF  
NAME EAGLE, JANE FRANCES  
STREET ADDRESS 11365 W OLYMPIC BLVD  
CITY-ST-ZIP LOS ANGELES CA

TITLE VAS  
NAME PEARSON, RICHARD C.  
STREET ADDRESS 598 LOS ARBOLES LANE  
CITY-ST-ZIP SAN MARINO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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

FID-97

(310) 312-6100

Date

Daytime Phone #

CR2E034 (9/96)