

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1975	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-0696644	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32399				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	C	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Chairman	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, R. BROCK			1.2 NAME	David A. Levene		
STREET ADDRESS	33 YONGE STREET, STE. 600			1.3 STREET ADDRESS	One Madison Avenue		
CITY-ST-ZIP	TORONTO ON			1.4 CITY-ST-ZIP	New York, NY 10010		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERT G MEPHAM			2.2 NAME			
STREET ADDRESS	11365 W OLYMPIC BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90000			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATEMAN, GEORGE R			3.2 NAME			
STREET ADDRESS	2248 S BENTLEY AVE #5			3.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90000			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAYTON, HOWARD "H"			4.2 NAME			
STREET ADDRESS	11365 W OLYMPIC BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			4.4 CITY-ST-ZIP			
TITLE	VPF	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EAGLE, JANE FRANCES			5.2 NAME			
STREET ADDRESS	11365 W OLYMPIC BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			5.4 CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		6.1 TITLE	President, General Counsel	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEARSON, RICHARD C.			6.2 NAME			
STREET ADDRESS	598 LOS ARBOLES LANE			6.3 STREET ADDRESS			
CITY-ST-ZIP	SAN MARINO CA			6.4 CITY-ST-ZIP			

14. 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 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 Pearson

April 24, 1998 310-312-6100

CR2E034 (10/97)