

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 834453**

1. Entity 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 90064-1606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**54-0696644**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
LEVENE, D A  
ONE MADISON AVE  
NY NY 10010** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Chairman  
Mary Ann Brown  
502 Boylston Street  
Boston, MA 02110** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BATEMAN, GEORGE R  
2248 S BENTLEY AVE #5  
LOS ANGELES, CA 00000** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President, Asst. Secty.  
James C. Turner  
11365 West Olympic Blvd.  
Los Angeles, CA 90064** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
KAYTON, HOWARD "H"  
11365 W OLYMPIC BLVD  
LOS ANGELES CA** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPF  
EAGLE, JANE FRANCES  
11365 W OLYMPIC BLVD  
LOS ANGELES CA** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
PEARSON, RICHARD C.  
598 LOS ARBOLES LANE  
SAN MARINO CA** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Daniel J. Cavanagh  
One Madison Avenue  
New York, NY 10010** ☐ Change ☒ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Turner

1/14/00

Date

310-312-6100

Daytime Phone #

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90042 020 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE