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Mar 28 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 # P02481 (0)

1. Corporation Name
SECURITY EQUITY LIFE INSURANCE COMPANY



Principal Place of Business
84 BUSINESS PARK DRIVE
STE. 303
ARMONK NY 10504
US

Mailing Address
84 BUSINESS PARK DRIVE
STE. 303
ARMONK NY 10504-1738
US

3. Date Incorporated or Qualified
06/21/1984

3a. Date of Last Report
04/19/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 16-1208442	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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 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	P	1.1 TITLE	SECRETARY & GENERAL COUNSEL
NAME	THATER, WILLIAM C.	1.2 NAME	MATTHEW P. McCauley
STREET ADDRESS	84 BUSINESS PARK DRIVE, STE. 303	1.3 STREET ADDRESS	84 BUSINESS PARK DRIVE, STE 303
CITY- ST- ZIP	ARMONK NY	1.4 CITY- ST- ZIP	ARMONK, NY
TITLE	VPTS	2.1 TITLE	
NAME	PIERONI, FABIO	2.2 NAME	
STREET ADDRESS	84 BUSINESS PARK DRIVE, STE. 303	2.3 STREET ADDRESS	
CITY- ST- ZIP	ARMONK NY	2.4 CITY- ST- ZIP	
TITLE	VPSG	3.1 TITLE	
NAME	THOMAS, JUANITA M.	3.2 NAME	
STREET ADDRESS	84 BUSINESS PARK DRIVE, STE. 303	3.3 STREET ADDRESS	
CITY- ST- ZIP	ARMONK NY	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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

Date

Daytime Phone #

0006303

CR2E034 (9/96)