

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name P02481 (0)

SECURITY EQUITY LIFE INSURANCE COMPANY

Principal Place of Business 84 Business Park Dr Ste 303 Armonk, NY 10504 US	Mailing Address 84 Business Park Dr Ste 303 Armonk, NY 10504 US
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2. Principal Place of Business 21 Suite Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/21/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 16-1208442	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 32302

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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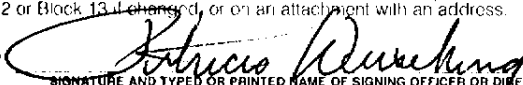
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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	
TITLE	P ☐ DELETE
NAME	Thater, William C
STREET ADDRESS	84 Business Park Dr Ste 303
CITY-STATE-ZIP	Armonk, NY 10504
TITLE	VPTS ☐ DELETE
NAME	Pieroni, Fabio
STREET ADDRESS	84 Business Park Dr, Ste 303
CITY-STATE-ZIP	Armonk, NY 10504
TITLE	VPSG ☒ DELETE
NAME	Thomas, Juanita
STREET ADDRESS	84 Business Park Dr., Ste 303
CITY-STATE-ZIP	Armonk, NY 10504
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Secretary ☐ Change ☒ Addition
12 NAME	McCauley, Matthew
13 STREET ADDRESS	84 Business Park Dr, Ste 303
14 CITY-STATE-ZIP	Armonk, NY 10504
21 TITLE	Assistant Treasurer ☐ Change ☒ Addition
22 NAME	Zimmerman, Kent P
23 STREET ADDRESS	84 Business Park Dr., Ste 303
24 CITY-STATE-ZIP	Armonk, NY 10504
31 TITLE	Assistant Treasurer ☐ Change ☒ Addition
32 NAME	Wersching, Patricia
33 STREET ADDRESS	84 Business Park Dr Ste 303
34 CITY-STATE-ZIP	Armonk, NY 10504
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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:  04/25/97 (914) 273-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)