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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:14

DOCUMENT # **P09188** **(4)**

1. Corporation Name
SECURITY TRUST LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
680 FOURTH AVE LOUISVILLE KY 40202 US	P O BOX 32600 LOUISVILLE KY 40232 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1986	3a. Date of Last Report: 02/22/1994
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30
4. FEI Number: 58-1640298	☐ 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
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 _____ DATE
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1 1 TITLE		☐ Change ☐ Addition
NAME	DAY, LARRY D.	1 2 NAME		
STREET ADDRESS	680 4TH AVE	1 3 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	1 4 CITY ST ZIP		
TITLE	VT	2 1 TITLE	V. T. CFO	☒ Change ☐ Addition
NAME	MARCUCCILLI, J BRINKE	2 2 NAME	Marks, James A.	
STREET ADDRESS	680 4TH AVE	2 3 STREET ADDRESS	680 Fourth Avenue	
CITY ST ZIP	LOUISVILLE KY	2 4 CITY ST ZIP	Louisville, KY	
TITLE	DPC	3 1 TITLE		☐ Change ☐ Addition
NAME	ADREAN, LEE	3 2 NAME		
STREET ADDRESS	680 4TH AVE	3 3 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	3 4 CITY ST ZIP		
TITLE	D	4 1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, IRVING W	4 2 NAME		
STREET ADDRESS	680 4TH AVE	4 3 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	4 4 CITY ST ZIP		
TITLE	S	5 1 TITLE		☐ Change ☐ Addition
NAME	SIMS, MICHAEL H.	5 2 NAME		
STREET ADDRESS	400 WEST MARKET ST	5 3 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	5 4 CITY ST ZIP		
TITLE	CFO	6 1 TITLE		☒ Change ☐ Addition
NAME	MARCUCCILLI, J BRINKE	6 2 NAME	Delete	
STREET ADDRESS	680 4TH AVE	6 3 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Michael H. Sims Michael H. Sims, Secretary 3/20/95 (502) 560-2000
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0364840 CP