

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P09188 (4)

1. Corporation Name

SECURITY TRUST LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

880 FOURTH AVE
LOUISVILLE KY 40202
US

P O BOX 32800
LOUISVILLE KY 40232
US

3. Date Incorporated or Qualified

02/21/1986

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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, hand or printed name of registered agent and date filed with

(NOTE: Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☒ DELETE

NAME DAY, LARRY D.

STREET ADDRESS 680 4TH AVE

CITY-ST-ZIP LOUISVILLE KY

TITLE CFO ☒ DELETE

NAME MARKS, JAMES A.

STREET ADDRESS 680 4TH AVE

CITY-ST-ZIP LOUISVILLE KY

TITLE DPC ☒ DELETE

NAME ADREAN, LEE

STREET ADDRESS 680 4TH AVE

CITY-ST-ZIP LOUISVILLE KY

TITLE D ☐ DELETE

NAME BAILEY, IRVING W

STREET ADDRESS 680 4TH AVE

CITY-ST-ZIP LOUISVILLE KY

TITLE S ☐ DELETE

NAME SIMS, MICHAEL H.

STREET ADDRESS 400 WEST MARKET ST

CITY-ST-ZIP LOUISVILLE KY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Director, President ☐ Change ☒ Addition

12 NAME Robert S. Greer, Jr.

13 STREET ADDRESS 680 Fourth Ave

14 CITY-ST-ZIP Louisville, KY 40202

21 TITLE Treasurer ☒ Change ☒ Addition

22 NAME Elaine J. Robinson

23 STREET ADDRESS 400 W. Market

24 CITY-ST-ZIP Louisville, KY 40202

31 TITLE Director ☐ Change ☒ Addition

32 NAME Shailesh J. Mehta

33 STREET ADDRESS 400 W. Market

34 CITY-ST-ZIP Louisville, KY 40202

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS 400 W. Market St.

44 CITY-ST-ZIP Louisville, KY 40202

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Director ☐ Change ☒ Addition

62 NAME Frederick C. Kessel

63 STREET ADDRESS 400 W. Market St.

64 CITY-ST-ZIP Louisville, KY 40202

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)(k), 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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/94

DATE

(502) 560-2000

EXPIRATION DATE

CR2E034 (3/96)