

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**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 FEB -8 AM 9: 23

DOCUMENT # 802142 (0)

1. Corporation Name

UNIGARD SECURITY INSURANCE COMPANY

Principal Place of Business

**1215 FOURTH AVE.
SEATTLE WASHINGTON 98161-0096**

Mailing Address

**1215 FOURTH AVE.
SEATTLE WASHINGTON 98161-0096**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1925

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

2b. Mailing Address

21

26 1215 FOLLETT AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 SUITE 1800

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
91-0341780

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**

9. 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

**FISHER, JOHN E., ESQ.
ATLANTIC BANK BLDG. SUITE 1500
20 N. ORANGE AVE.
ORLANDO FL 32802**

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SWEENEY, PAUL L.
STREET ADDRESS 3 FAIR OAKS
CITY- ST- ZIP NEWTON MA 02160

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VD
NAME MALONEY, THOMAS
STREET ADDRESS 484 MARSHALL ST.
CITY- ST- ZIP HOLLISTON MA 01746

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE T
NAME WINN, GREGORY P.
STREET ADDRESS 1215 4TH AVE. STE. 1800
CITY- ST- ZIP SEATTLE WA 98161

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☒ Addition

TITLE GCS
NAME STUDLEY, MICHAEL
STREET ADDRESS 1215 4TH AVE. STE 1800
CITY- ST- ZIP SEATTLE WA 98161

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☒ Addition

TITLE VD
NAME MALONEY, THOMAS E.
STREET ADDRESS 484 MARSHALL ST.
CITY- ST- ZIP HOLLISTON MA 01746

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D
NAME SCHMIDT, RICHARD E.
STREET ADDRESS 258 SHAWMUT AVE. #3
CITY- ST- ZIP BOSTON MA 02117

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If 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, I am an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/95

206-292-4454

UNIGARD SECURITY INSURANCE COMPANY

FLORIDA CORPORATE ANNUAL REPORT

ADDITIONAL DIRECTORS

Mr. Richard A. Brown
1215 Fourth Avenue, Suite 1800
Seattle, Wa 98161

Mr. Kendall P. Morgan
1215 Fourth Avenue, Suite 1800
Seattle, Wa 98161

Mr. Barry L. Shemin
1215 Fourth Avenue, Suite 1800
Seattle, Wa 98161