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 22 AM 10:00

DOCUMENT # 858338 (7)

1. Corporation Name

AMERICAN SECURITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
3290 NORTHSIDE PARKWAY, NW ATTN: ~~HALVERSON, LAURIE~~ Ray, Debi ATLANTA GA 30327	3290 NORTHSIDE PARKWAY, NW ATTN: ~~HALVERSON, LAURIE~~ Ray, Debi ATLANTA GA 30327

DO NOT WRITE IN THIS SPACE

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)

3. Date Incorporated or Qualified: 11/03/1983
3a. Date of Last Report: 04/18/1994
4. FEI Number: 58-1529575 ☐ 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
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 reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EDWARD J. O'HARE	12 NAME	
STREET ADDRESS	3290 NORTHSIDE PKWY N.W.	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	V ☐ Change ☒ Addition
NAME	WATTS, J.O. III	22 NAME	W. Michael Balsley
STREET ADDRESS	3290 NORTHSIDE PKWY N.W.	23 STREET ADDRESS	3290 Northside Parkway, NW
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	Atlanta, GA 30327
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	JEROME A. ATKINSON	32 NAME	
STREET ADDRESS	3290 NORTHSIDE PKWY N.W.	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	VASTO, SALVTORE J	42 NAME	
STREET ADDRESS	3290 NORTHSIDE PKWY NW	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	SAWYER, W.L.	52 NAME	
STREET ADDRESS	3290 NORTHSIDE PKWY N.W.	53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	JAMES D. JONES DELETE	62 NAME	
STREET ADDRESS	3290 NORTHSIDE PKWY NW	63 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	64 CITY-ST-ZIP	

14. To the best of my knowledge, information and belief, the information supplied with this filing 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: Jerome Atkinson 2/3/95 (404) 261-9000
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — DATE — TELEPHONE #

0300071 FP