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

APPROVED AND FILED
95 MAY -1 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K31071 (9)

1. Corporation Name
SECURITY NATIONAL INSURANCE COMPANY

Principal Place of Business
6067 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

Mailing Address
6067 HOLLYWOOD BLVD
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip
25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip
30 Country

4. FEI Number: 65-0109120 ☐ 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. [illegible] 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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 TITLE		☐ Change ☐ Addition
NAME	ROSNER, DAVID N.	1 NAME		
STREET ADDRESS	6067 HOLLYWOOD BLVD	1 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	1 CITY-ST-ZIP		
TITLE	SD	2 TITLE		☐ Change ☐ Addition
NAME	SIMON, RICHARD	2 NAME		
STREET ADDRESS	6067 HOLLYWOOD BLVD	2 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	2 CITY-ST-ZIP		
TITLE	T	3 TITLE	T, D	☒ Change ☐ Addition
NAME	RIVARD, JEAN-GUY	3 NAME		
STREET ADDRESS	6067 HOLLYWOOD BLVD	3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	3 CITY-ST-ZIP		
TITLE	VD	4 TITLE		☐ Change ☐ Addition
NAME	SCHLESINGER, LESLIE	4 NAME		
STREET ADDRESS	6067 HOLLYWOOD BLVD	4 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	4 CITY-ST-ZIP		
TITLE	VD	5 TITLE		☐ Change ☐ Addition
NAME	ROSNER, JEFFREY	5 NAME		
STREET ADDRESS	6067 HOLLYWOOD BLVD	5 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	5 CITY-ST-ZIP		
TITLE	D	6 TITLE		☐ Change ☐ Addition
NAME	ROSNER, BONNIE	6 NAME		
STREET ADDRESS	6067 HOLLYWOOD BLVD	6 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	6 CITY-ST-ZIP		

14. I 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: Jean-Guy Rivard 04-27-95 305-985-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0086473 CP