

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996-2096

B-1298-C

DOCUMENT # 858338

(7)

1. Corporation Name

AMERICAN SECURITY INSURANCE COMPANY



Principal Place of Business

3290 NORTHSIDE PARKWAY, NW
ATTN: RAY, DEBI
ATLANTA GA 30327
US

Mailing Address

3290 NORTHSIDE PARKWAY, NW
ATTN: RAY, DEBI
ATLANTA GA 30327
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/03/1983

3a. Date of Last Report

02/22/1995

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
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 of Registered Agent or Registered Agent in Charge

(If Other) Registered Agent Signature and name of corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
PO	EDWARD J. O'HARE	3290 NORTHSIDE PKWY N.W.	ATLANTA GA	☐
V	BALSLEY, W. MICHAEL	3290 NORTHSIDE PARKWAY, NW	ATLANTA GA	☐
VS	JEROME A. ATKINSON	3290 NORTHSIDE PKWY N.W.	ATLANTA GA	☐
T	VASTO, SALVATORE J	3290 NORTHSIDE PKWY NW	ATLANTA GA	☐
VD	SAWYER, W.L.	3290 NORTHSIDE PKWY N.W.	ATLANTA GA	☒
VD	JAMES D. JONES	3290 NORTHSIDE PKWY NW	ATLANTA GA	☒

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ Change ☐ Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	☐ Change ☐ Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	☐ Change ☐ Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	☐ Change ☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	☐ Change ☒ Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	☐ Change ☒ Addition

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)(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 this 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

(404) 261-9000

CR2E034 (12/95)