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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **858338** **(7)**

1. Corporation Name
AMERICAN SECURITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
3290 NORTHSIDE PARKWAY, NW ATTN: RAY, DEBI ATLANTA GA 30327 US	3290 NORTHSIDE PARKWAY, NW ATTN: RAY, DEBI ATLANTA GA 30327-2241 US

3. Date Incorporated or Qualified: 11/03/1983
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Chairman of the Board	☑ Change ☐ Addition
NAME	EDWARD J. O'HARE		1.2 NAME	Edward J. O'Hare	
STREET ADDRESS	3290 NORTHSIDE PKWY N.W.		1.3 STREET ADDRESS	3290 Northside Pkwy NW	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Atlanta, GA 30327-2241	
TITLE	V	☐ DELETE	2.1 TITLE	Sr. Vice President	☑ Change ☐ Addition
NAME	BALSLEY, W. MICHAEL		2.2 NAME	Michael W. Balsley	
STREET ADDRESS	3290 NORTHSIDE PARKWAY, NW		2.3 STREET ADDRESS	3290 Northside Pkwy NW	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	Atlanta, GA 30327-2241	
TITLE	VS	☐ DELETE	3.1 TITLE	Sr. Vice Pres, Secty & General Counsel	☑ Change ☐ Addition
NAME	~~JEROME A. ATKINSON~~		3.2 NAME	Howard B. Wexler	
STREET ADDRESS	3290 NORTHSIDE PKWY N.W.		3.3 STREET ADDRESS	3290 Northside Pkwy NW	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30327-2241	
TITLE	T	☐ DELETE	4.1 TITLE	Sr. Vice Pres, CFO & Treasurer	☑ Change ☐ Addition
NAME	VASTO, SALVTORE J		4.2 NAME	Salvatore J. Vasto	
STREET ADDRESS	3290 NORTHSIDE PKWY NW		4.3 STREET ADDRESS	3290 Northside Pkwy NW	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Atlanta, GA 30327-2241	
TITLE		☐ DELETE	5.1 TITLE	President & CEO	☑ Change ☐ Addition
NAME	WILLIAMS, JEFFREY W		5.2 NAME	Jeffrey W. Williams	
STREET ADDRESS	3290 NORTHSIDE PKWY NW		5.3 STREET ADDRESS	3290 Northside Pkwy NW	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	Atlanta, GA 30327-2241	
TITLE	V	☐ DELETE	6.1 TITLE	Sr. Vice President	☑ Change ☐ Addition
NAME	CRIVOLIO, JAMES J		6.2 NAME	James J. Crivolio	
STREET ADDRESS	3290 NORTHSIDE PKWY NW		6.3 STREET ADDRESS	3290 Northside Pkwy NW	
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP	Atlanta, GA 30327-2241	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [illegible] REQUIRED 3/12/97 (404)264-2407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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