

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858338

1. Entity Name
AMERICAN SECURITY INSURANCE COMPANY

Principal Place of Business
260 INTERSTATE NORTH CIR. NW
ATLANTA GA 30339
US

Mailing Address
P.O. BOX 50355
ATLANTA GA 30302
US

2. Principal Place of Business
260 Interstate N. Circle NW
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 50355
Suite, Apt. #, etc.

City & State
Atlanta, GA

City & State
Atlanta, GA

Zip
30339

Country

Zip
30302

Country

4. FEI Number 58-1529575

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JEFFREY W 260 INTERSTATE NORTH CIRCLE, NW ATLANTA GA 30339	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MC NALLY, PETER 260 INTERSTATE NORTH CIRCLE, NW ATLANTA GA 30339	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WEXLER, HOWARD B 260 INTERSTATE NORTH CIRCLE, NW ATLANTA GA 30339	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARPER, EDWIN L 260 INTERSTATE NORTH CIRCLE, NW ALTANTA GA 30339	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C O'HARE, EDWARD J ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, KERRY J ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Philip Bruce Camacho 260 Interstate North Circle NW Atlanta, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bruce Van Geest 260 Interstate North Circle NW Atlanta, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Arthur William Heagan 260 Interstate North Circle NW Atlanta, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert Alan Dickey 260 Interstate North Circle NW Atlanta, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Robert Brian Pollock 260 Interstate North Circle NW Atlanta, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jerome A. Atkinson 260 Interstate North Circle Atlanta, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address for all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90162 042 ***550.00

A0066908



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

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