2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# K31071

Entity Name: SECURITY NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

5701 STIRLING ROAD
DAVIE, FL 333147431

New Principal Place of Business:

Current Mailing Address:

5701 STIRLING ROAD
DAVIE, FL 333147431

New Mailing Address:

FEI Number: 65-0109120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAILEY, JEFFREY J
Address: 5701 STIRLING ROAD
City-St-Zip: DAVIE, FL 33314

Title: DV ( ) Delete
Name: ONDECK, JOHN L
Address: 5701 STIRLING RD
City-St-Zip: DAVIE, FL 33314

Title: VPD ( ) Delete
Name: SCLAFANI, JAMES J JR.
Address: 5701 STIRLING ROAD
City-St-Zip: DAVIE, FL 33314

Title: DV (X) Delete
Name: NOONAN, SIMON
Address: 5701 STIRLING RD
City-St-Zip: DAVIE, FL 33314

Title: TD ( ) Delete
Name: SADLER, ROBERT
Address: 5701 STIRLING RD
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NOONAN, SIMON
Address: 5701 STIRLING ROAD
City-St-Zip: DAVIE, FL 33314

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYN FRITTER DIR 01/15/2009

Electronic Signature of Signing Officer or Director — Date