

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K31071

**Entity Name:** SECURITY NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

900 S. PINE ISLAND ROAD  
SUITE 600  
PLANTATION, FL 33324

**Current Mailing Address:**

900 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**FEI Number:** 65-0109120

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title PD  
Name MADDEN, TIMOTHY  
Address 900 S. PINE ISLAND ROAD  
City-State-Zip: PLANTATION FL 33324

Title VP, TREASURER  
Name AGUILERA, MARIA  
Address 900 S. PINE ISLAND ROAD  
City-State-Zip: PLANTATION FL 33324

Title S  
Name BROWN, MARTIN  
Address 5600 BEACH TREE LANE  
City-State-Zip: CALEDONIA MI 49816

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARIA AGUILERA

VP-TREASURER

01/08/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date