

**2018 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:**TAX DEPARTMENT  
PO BOX 2450  
GRAND RAPIDS, MI 49501 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            PRESIDENT, DIRECTOR  
Name            KAPPLER, ERIC E  
Address        5990 W CREEK RD  
City-State-Zip: INDEPENDENCE OH 44131

Title            S  
Name            BROWN, MARTIN R  
Address        5600 BEECH TREE LANE  
City-State-Zip: CALEDONIA MI 49316

Title            VP  
Name            MYHAN, RONALD G  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            DIRECTOR  
Name            BROWN, THOMAS D  
Address        2525 E EUCLID  
                  #214  
City-State-Zip: DES MOINES IA 50317

Title            VP, TREASURER  
Name            AGUILERA, MARIA E  
Address        900 S. PINE ISLAND ROAD  
                  STE 600  
City-State-Zip: PLANTATION FL 33324

Title            VP  
Name            MC CARTHY, VICTORIA L  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            ASST. TREASURER  
Name            PEPPER, JEFFREY L  
Address        5600 BEECH TREE LANE  
City-State-Zip: CALEDONIA MI 49316

Title            DIRECTOR  
Name            SCOTT, JANICE G  
Address        3427 DEER PARK DR  
                  STE #C  
City-State-Zip: STOCKTON CA 95219

**Continues on page 2**

*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: JEFFREY L PEPPER****ASST TREASURER****04/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name WILLIAMS, TODD M  
Address 640 CENTURY POINT  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name BLEAVINS, MARLA B  
Address 425 S PALOS VERDES ST  
City-State-Zip: SAN PEDRO CA 90731

Title VP  
Name BAUR, MAITE I  
Address 4750 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010