

**2016 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:**PO BOX 2450  
TAX DEPT  
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  
Name            MADDEN, TIMOTHY M  
Address        900 S. PINE ISLAND ROAD  
                 STE 600  
City-State-Zip: PLANTATION FL 33324

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

Title            VP  
Name            MYHAN, RONALD G  
Address        4750 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

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

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            VP  
Name            WILLIAMD, KARYN L  
Address        4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

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

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*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

01/13/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BENTLEY, KENNETH W  
Address 6442 SHENANDOAH AVE  
City-State-Zip: LOS ANGELES CA 90056

Title DIRECTOR  
Name JACKSON, GAIL N  
Address 7763 VERAGUA DR  
City-State-Zip: PLAYA DEL REY CA 90293

Title DIRECTOR  
Name RODRIGUEZ, DONALD E  
Address 3635 LONG BEACH BLVD  
City-State-Zip: LONG BEACH CA 90807

Title DIRECTOR  
Name WUO, JOHN T  
Address 75 N SANTA ANITA  
STE 106  
City-State-Zip: ARCADIA CA 91006

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

Title DIRECTOR  
Name MARRONE, RONALD L  
Address 800 E 14TH ST  
City-State-Zip: PITTSBURG KS 66762

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