

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000085320

**Entity Name:** A SECURITY INSURANCE CORP.

**Current Principal Place of Business:**

23257 STATE ROAD 7, SUITE 201  
BOCA RATON, FL 33428

**Current Mailing Address:**

20973 SPRINGS TERRACE  
BOCA RATON, FL 33428

**FEI Number:** 20-5149561

**Certificate of Status Desired:** No

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

ALFA GROUP COMPANY  
100 EAST LINTON BLVD  
SUITE 117 B  
DELRAY BEACH, FL 33483 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 PV  
Name DA SILVA, MARCIA PEREIRA  
Address 20973 SPRINGS TERRACE  
City-State-Zip: BOCA RATON FL 33428

Title SECRETARY  
Name TOWNS, ELAINE P  
Address 23257 STATE ROAD 7, SUITE 201  
City-State-Zip: BOCA RATON FL 33428

Title ASST. SECRETARY  
Name COSTA, RAPHAELA P  
Address 23257 STATE ROAD 7, SUITE 201  
City-State-Zip: BOCA RATON FL 33428

*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:** MARCIA PEREIRA DA SILVA

**PRESIDENT**

**03/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date