

2013 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

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03/17/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date