

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 858338

**Entity Name:** AMERICAN SECURITY INSURANCE COMPANY**Current Principal Place of Business:**260 INTERSTATE NORTH CIR., SE  
ATLANTA, GA 30339-2210**Current Mailing Address:**260 INTERSTATE NORTH CIR., SE  
ATLANTA, GA 30339-2210 US**FEI Number:** 58-1529575**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 SECRETARY  
Name ARAGON-CRUZ, JEANNIE AMY  
Address 11222 QUAIL ROOST DRIVE  
City-State-Zip: MIAMI FL 33157

Title TREASURER  
Name TURNER, BEECH  
Address 260 INTERSTATE NORTH CIR., SE  
City-State-Zip: ATLANTA GA 30339-2210

Title DIRECTOR  
Name SALVATO, JUDI  
Address 260 INTERSTATE NORTH CIR., SE  
City-State-Zip: ATLANTA GA 30339-2210

Title DIRECTOR  
Name HIX, JULIA MERCEDES  
Address 260 INTERSTATE NORTH CIR., SE  
City-State-Zip: ATLANTA GA 30339-2210

Title DIRECTOR  
Name HALE, GARRETT HOYT  
Address 260 INTERSTATE NORTH CIR., SE  
City-State-Zip: ATLANTA GA 30339-2210

Title DIRECTOR  
Name HARRINGTON, ROBBIE  
Address 260 INTERSTATE NORTH CIR., SE  
City-State-Zip: ATLANTA GA 30339-2210

Title DIRECTOR  
Name BIONDO, REBAKAH SUSAN  
Address 260 INTERSTATE NORTH CIR., SE  
City-State-Zip: ATLANTA GA 30339-2210

Title DIRECTOR  
Name MCDONALD, KATHARINE A  
Address 11222 QUAIL ROOST DRIVE  
City-State-Zip: MIAMI FL 33157

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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:** JEANNIE AMY ARAGON-CRUZ**SECRETARY****09/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR, PRESIDENT
Name	CAMPBELL, MICHAEL
Address	2677 N. MAIN STREET SUITE 600
City-State-Zip:	SANTA ANA CA 92705