

2013 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:**11222 QUAIL ROOST DRIVE
2ND FLOOR, D7
MIAMI, FL 33157 US**FEI Number:** 58-1529575**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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	PD
Name	FROBOSE, JOHN
Address	260 INTERSTATE NORTH CIRCLE, SE
City-State-Zip:	ATLANTA GA 30339

Title	VP
Name	GILL, GAJINDERPAL P
Address	260 INTERSTATE NORTH CIRCLE, SE
City-State-Zip:	ATLANTA GA 30339

Title	SVPD
Name	LEMASTERS, S. CRAIG
Address	260 INTERSTATE NORTH CIRCLE, NW
City-State-Zip:	ALTANTA GA 30339

Title	S
Name	ARAGON-CRUZ, JEANNIE
Address	11222 QUAIL ROOST DRIVE
City-State-Zip:	MIAMI FL 33157
Title	T
Name	TURNER, BEECH
Address	260 INTERSTATE NORTH CIRCLE, SE
City-State-Zip:	ALTANTA GA 30339
Title	GCAS
Name	DECHURCH, GREGORY
Address	11222 QUAIL ROOST DRIVE
City-State-Zip:	MIAMI FL 33157

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 ARAGON-CRUZ**SECRETARY****03/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date