

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001589

**Entity Name:** FAMILY SECURITY INSURANCE COMPANY, INC.

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC4920330742**

**Current Principal Place of Business:**

800 2ND AVE S  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

800 2ND AVE S  
ST PETERSBURG, FL 33701 US

**FEI Number: 45-2730143**

**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 C  
Name BRANCH, GREGORY C  
Address 800 2ND AVE S  
City-State-Zip: ST PETERSBURG FL 33701

Title DPCE  
Name FORNEY, JOHN L  
Address 800 2ND AVE S  
City-State-Zip: ST PETERSBURG FL 33701

Title D  
Name YAMAMOTO, ROY T  
Address 800 2ND AVE S  
City-State-Zip: ST PETERSBURG FL 33701

Title SCLO  
Name SALMON, KIMBERLY A  
Address 800 2ND AVE S  
City-State-Zip: ST PETERSBURG FL 33701

Title TCFO  
Name MARTZ, BENNETT B  
Address 800 2ND AVE S  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name TAKEUCHI, GERALD HIROSHI  
Address 800 2ND AVE S  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name KIM, KENNETH JOHN  
Address 800 2ND AVE S  
City-State-Zip: ST PETERSBURG FL 33701

*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: KIMBERLY A. SALMON**

**SECRETARY**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date