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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:37

DOCUMENT # 833275 (1)

1. Corporation Name
SECURITY ASSURANCE COMPANY

Principal Place of Business	Mailing Address
1415 FOULK RD STE 100 WILMINGTON DE 19800 US	1415 FOULK RD STE 100 WILMINGTON DE 19800 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1974
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 75-1277524 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD **** Delete ****	11 TITLE	Chairman, CEO, Director	☐ Change ☒ Addition
NAME	MARTING, NEIL W	12 NAME	Robert Rothman	
STREET ADDRESS	6116 NO CENTRAL EXPWY, STE 200	13 STREET ADDRESS	100 N. Tampa Street, Suite 3600	
CITY-ST-ZIP	DALLAS TX	14 CITY-ST-ZIP	Tampa, Fl 33602	
TITLE	D	21 TITLE	******* Delete *****	☒ Change ☐ Addition
NAME	MURPHY, JOSEPH G.	22 NAME		
STREET ADDRESS	1415 FAULK ROAD SUITE 100	23 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	SVP	☒ Change ☐ Addition
NAME	BEALE, CHARLES L	32 NAME		
STREET ADDRESS	300 BELLEVUE PKWY, STE 140	33 STREET ADDRESS	100 N. Tampa Street, Suite 3600	
CITY-ST-ZIP	WILMINGTON DE	34 CITY-ST-ZIP	Tampa, Fl 33602	
TITLE	V	41 TITLE	SVP, Controller	☒ Change ☐ Addition
NAME	GRUBB, DAVID L	42 NAME		
STREET ADDRESS	8975 HIDDEN RIVER PKWY.	43 STREET ADDRESS	1415 Foulk Road, Suite 100	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Wilmington, DE 19803	
TITLE	D	51 TITLE	**Delete**	☒ Change ☐ Addition
NAME	ROTHMAN, JOSEPH G.	52 NAME		
STREET ADDRESS	8975 HIDDEN RIVER PKWY.	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP		
TITLE	AVPS	61 TITLE	Vice President, Secretary	☒ Change ☐ Addition
NAME	VOSS, DEANNA	62 NAME		
STREET ADDRESS	300 BELLEVUE PARKWAY SUITE 140	63 STREET ADDRESS	1415 Foulk Road, Suite 100	
CITY-ST-ZIP	WILMINGTON DE	64 CITY-ST-ZIP	Wilmington, DE 19803	

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deanna Voss — Deanna Voss — 3/2/95 — (302) 477-5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

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