

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858338

FILED
Feb 27, 2012
Secretary of State

Entity Name: AMERICAN SECURITY INSURANCE COMPANY

Current Principal Place of Business:

260 INTERSTATE NORTH CIR., SE
ATLANTA, GA 303392210 US

New Principal Place of Business:

Current Mailing Address:

11222 QUAIL ROOST DRIVE
2ND FLOOR, D7
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 58-1529575 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: FROBOSE, JOHN
Address: 260 INTERSTATE NORTH CIRCLE, SE
City-St-Zip: ATLANTA, GA 30339

Title: S
Name: ARAGON-CRUZ, JEANNIE
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

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

Title: T
Name: TURNER, BEECH
Address: 260 INTERSTATE NORTH CIRCLE, SE
City-St-Zip: ATLANTA, GA 30339

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

Title: GCAS
Name: DECHURCH, GREGORY
Address: 11222 QUAIL ROOST DRIVE
City-St-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

SECR

02/27/2012

Electronic Signature of Signing Officer or Director

Date