

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001246**

1. Corporation Name

SECURITY INDEMNITY INSURANCE COMPANY

Principal Place of Business

Mailing Address

2643 OLD BRIDGE RD
MANASWUAN NJ 08736
US

P.O. BOX 448
BRIELLE NJ 08730

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90071 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1993

4. FEI Number

22-2664587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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 CP
NAME MOFFETT, BARRY
STREET ADDRESS 2114 SHADOWBROOK DRIVE
CITY-ST-ZIP WALL NJ 07719

1.1 TITLE V/D
1.2 NAME FRADKIN, MARK
1.3 STREET ADDRESS 3 COACHMAN DRIVE SOUTH
1.4 CITY-ST-ZIP FREEHOLD, NJ 07728

TITLE S
NAME MOFFETT, WILLIAM
STREET ADDRESS 66 RIVEREDGE ROAD
CITY-ST-ZIP TINTON FALLS NJ 07724

2.1 TITLE V/D
2.2 NAME WATTERS, WILLIAM
2.3 STREET ADDRESS 2 LONG POINT DRIVE
2.4 CITY-ST-ZIP BRICK, NJ 08723

TITLE D
NAME DRUMMOND, JAMES
STREET ADDRESS 11 COACH DRIVE EAST.
CITY-ST-ZIP HAZLET NJ 07730

3.1 TITLE D
3.2 NAME STARY, DICK
3.3 STREET ADDRESS 1009 LENOX DRIVE
3.4 CITY-ST-ZIP LAWRENCEVILLE, NJ 08648

TITLE D
NAME CALHOUN, DOUGLAS
STREET ADDRESS 8 5TH AVENUE
CITY-ST-ZIP SEA GIRT NJ 08750

4.1 TITLE D
4.2 NAME WIELAND, GEORGE
4.3 STREET ADDRESS 215 E. BROAD STREET
4.4 CITY-ST-ZIP BETHLEHEM, PA 18018

TITLE VD
NAME KOKL, SCHYLER
STREET ADDRESS 200 VAN SANT AVENUE
CITY-ST-ZIP ISLAND HEIGHTS NJ 08732

5.1 TITLE D
5.2 NAME KLEIN, HERBERT
5.3 STREET ADDRESS 155 POLIFLY ROAD
5.4 CITY-ST-ZIP HACKENSACK, NJ 07601

TITLE VD
NAME ADERENTE, THOMAS
STREET ADDRESS 123 S. MANOR COURT
CITY-ST-ZIP WALL NJ 07719

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

March 25, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)