2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # F93000001246 SECURITY INDEMNITY INSURANCE COMPANY 01-23-2001 90127 046 ***150.00 Mailing Address Principal Place of Business P.O. BOX 448 2643 OLD BRIDGE RD BRIELLE NJ 08730 MANASWUAN NJ 08736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 22-2664587 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32399-0300 Zip Code City FL 8. 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE MOFFETT, BARRY NAME NAME 2114 SHADOWBROOK DRIVE STREET ADDRESS STREET ADDRESS **WALL NJ 07719** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE MOFFETT, WILLIAM NAME NAME STREET ADDRESS **66 RIVEREDGE ROAD** STREET ADDRESS CITY-ST-7IP TINTON FALLS NJ 07724 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE DRUMMOND, JAMES NAME NAME 11 COACH DRIVE EAST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP HAZLET NJ 07730 CiTY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE FRADKIN, MARK NAME NAME 3 COACHMAN DR. SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FREEHOLD NJ 07728 CITY-ST-ZIP ☐ Addition ۷D Change ☐ Delete TITLE KOKL. SCHYLER NAME NAME 200 VAN SANT AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ISLAND HEIGHTS NJ 08732** CITY-ST-ZIP ☐ Addition VD ☐ Change ☐ Delete TITLE TITLE WATTERS, WILLIAM NAME 2 LONG POINT DR. STREET ADDRESS STREET ADDRESS

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all gher like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BRICK NJ 08723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR