

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90102 005 \*\*\*150.00

**DOCUMENT # F93000001246**

1. Entity Name  
**SECURITY INDEMNITY INSURANCE COMPANY**



Principal Place of Business  
**2643 OLD BRIDGE RD  
MANASWUAN NJ 08736  
US**

Mailing Address  
**P.O. BOX 448  
BRIELLE NJ 08730**

**90029196**



2. Principal Place of Business  
**1355 Campus Parkway**

3. Mailing Address  
**P.O. Box 1126**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Neptune, NJ**

City & State  
**Neptune, NJ**

4. FEI Number **22-2664587**

Applied For  
☐ Not Applicable

Zip Country  
**08753 US**

Zip Country  
**07754 US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE **VD** ☐ Delete  
NAME **DRUMMOND, JAMES**  
STREET ADDRESS **11 COACH DRIVE EAST.**  
CITY-ST-ZIP **HAZLET NJ 07730**

TITLE **V/D** ☐ Delete  
NAME **FRADKIN, MARK**  
STREET ADDRESS **3 COACHMAN DR. SOUTH**  
CITY-ST-ZIP **FREEHOLD NJ 07728**

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

TITLE **VD** ☐ Delete  
NAME **WATTERS, WILLIAM**  
STREET ADDRESS **2 LONG POINT DR.**  
CITY-ST-ZIP **BRICK NJ 08723**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **CP** ☒ Change ☐ Addition  
NAME **Moffett, Barry**  
STREET ADDRESS **21 Tilton Road**  
CITY-ST-ZIP **Brick, NJ 08743**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)