2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031545

Entity Name: SECURITY FIRST INSURANCE COMPANY

FILED May 08, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:					
140 S ATLANTIC AVE - STE 400 ORMOND BEACH, FL 32176								
Current Mailing Address:			New Mailing Address:					
140 S ATLANTIC AVE - STE 400 ORMOND BEACH, FL 32176								
FEI Number:	75-3176411	FEI Number Applied For ()	FEI Nur	mber Not Appli	cable ()	Certificate of Sta	itus Desired()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
CHIEF FINANCIAL OFFICER 200 E GAINES ST TALLAHASSEE, FL 32314 US								
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			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:								
Title:) Delete		Title:		() Change () Addition		
Name:	BURT, W. LO	CKWOOD		Name:		, 3 ,		
Address: City-St-Zip:		TIC AVE - STE 400 ACH, FL 32176		Address: City-St-Zip:				
Title:	VP () Delete		Title:		() Change () Addition	on	
Name: Address:	BRADLEY, RO	SEANN TC AVE - STE 400		Name: Address:				
City-St-Zip:		ACH, FL 32176		City-St-Zip:				
Title:	*) Delete		Title:		() Change () Addition	on	
Name: Address:	DIPARDO, AN	THONY TC AVE - STE 400		Name: Address:				
City-St-Zip:		ACH, FL 32176		City-St-Zip:				
Title:	STD () Delete		Title:		() Change () Addition	on	
Name: Address:	BROCKSMITH	I, DONALD G TC AVE - STE 400		Name: Address:				
City-St-Zip:		ACH, FL 32176		City-St-Zip:				
Title:	,) Delete		Title:	D	(X) Change () Addition	on	
Name: Address:	BLEIWISETH, 140 S ATI ANT	HARRY R TC AVE - STE 400		Name: Address:	BLEIWISE, 140 S ATLA	HARRY R NTIC AVE - STE 400		
City-St-Zip:		ACH, FL 32176		City-St-Zip:		BEACH, FL 32176		
Title:	*) Delete		Title:		() Change () Addition	on	
Name: Address:	BLEIWISE, CH	HARLES D TIC AVE - STE 400		Name: Address:				
City-St-Zip:		ACH, FL 32176		City-St-Zip:				
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.								

SIGNATURE: DONALD G BROCKSMITH CFO 05/08/2006 Date