

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000031545

1. Entity Name
SECURITY FIRST INSURANCE COMPANY



Principal Place of Business
**140 S ATLANTIC AVE - STE 400
ORMOND BEACH, FL 32176**

Mailing Address
**140 S ATLANTIC AVE - STE 400
ORMOND BEACH, FL 32176**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3176411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32314**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURT, W. LOCKWOOD 140 S ATLANTIC AVE - STE 400 ORMOND BEACH, FL 32176
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADLEY, ROSEANN 140 S ATLANTIC AVE - STE 400 ORMOND BEACH, FL 32176
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIPARDO, ANTHONY 140 S ATLANTIC AVE - STE 400 ORMOND BEACH, FL 32176
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROCKSMITH, DONALD G 140 S ATLANTIC AVE - STE 400 ORMOND BEACH, FL 32176
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEIWISE, HARRY R 140 S ATLANTIC AVE - STE 400 ORMOND BEACH, FL 32176
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEIWISE, CHARLES D 140 S ATLANTIC AVE - STE 400 ORMOND BEACH, FL 32176
--	--

U000000820017
02/18/08-80011-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08

Date

386-677-4453

Daytime Phone #