

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031545

FILED
May 01, 2009
Secretary of State

Entity Name: SECURITY FIRST INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

140 S ATLANTIC AVE
SUITE# 200
ORMOND BEACH, FL 32176

Current Mailing Address:

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

New Mailing Address:

140 S ATLANTIC AVE
SUITE# 200
ORMOND BEACH, FL 32176

FEI Number: 75-3176411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BURT, W. LOCKWOOD
Address: 140 S ATLANTIC AVE - STE 400
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP (X) Delete
Name: BRADLEY, ROSEANN
Address: 140 S ATLANTIC AVE - STE 400
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP () Delete
Name: DIPARDO, ANTHONY
Address: 140 S ATLANTIC AVE - STE 400
City-St-Zip: ORMOND BEACH, FL 32176

Title: STD () Delete
Name: BROCKSMITH, DONALD G
Address: 140 S ATLANTIC AVE - STE 400
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: BLEIWISE, HARRY R
Address: 140 S ATLANTIC AVE - STE 400
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: BLEIWISE, CHARLES D
Address: 140 S ATLANTIC AVE - STE 400
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 BROCKSMITH

STD

05/01/2009

Electronic Signature of Signing Officer or Director

Date