2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031545

Entity Name: SECURITY FIRST INSURANCE COMPANY

FILED Apr 20, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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: 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

OFFICERS AND DIRECTORS:

Title: COBP

 Name:
 BURT, W. LOCKWOOD

 Address:
 140 S ATLANTIC AVE - STE 200

 City-St-Zip:
 ORMOND BEACH, FL 32176

Title: COOD

Name: KRUCK, WERNER E

Address: 140 S ATLANTIC AVE - STE 200 City-St-Zip: ORMOND BEACH, FL 32176

Title: STD

 Name:
 BROCKSMITH, DONALD G

 Address:
 140 S ATLANTIC AVE - STE 200

 City-St-Zip:
 ORMOND BEACH, FL 32176

Title: [

Name: BLEIWISE, HARRY R
Address: 120 MOUNTAIN AVENUE
City-St-Zip: SPRINGFIELD, NJ 07081

Title: [

 Name:
 BLEIWISE, CHARLES D

 Address:
 19133 STREAM SIDE COURT

 City-St-Zip:
 BOCA RATON, FL 33498

Title: D

Name: LALLY, CHARLES E
Address: 120 MOUNTAIN AVENUE
City-St-Zip: SPRINGFIELD, NJ 07081

I hereby 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 all other like empowered.

SIGNATURE: DONALD G. BROCKSMITH STD 04/20/2011