### 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: TONYA M. JONES

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** Title TD Title S MCLEOD, BRIAN R JONES, TONYA M Name Name Address 661 EAST DAVIS STREET Address 661 EAST DAVIS STREET City-State-Zip: ELBA AL 36323 City-State-Zip: ELBA AL 36323

# Name and Address of Current Registered Agent:

PRESIDENT, DIRECTOR

661 EAST DAVIS STREET

ARON, ROSS

ELBA AL 36323

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US

# 2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# 813041

# Entity Name: NATIONAL SECURITY INSURANCE COMPANY

# **Current Principal Place of Business:**

661 EAST DAVIS STREET ELBA, AL 36323

### **Current Mailing Address:**

661 EAST DAVIS STREET ELBA, AL 36323 US

## FEI Number: 63-0268140

Electronic Signature of 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:

Title

Name

Address

City-State-Zip:

SECRETARY

03/10/2023 Date

Date

# FILED Mar 10, 2023 Secretary of State 9991952228CC

# Certificate of Status Desired: No