

1.) CORPORATION NAME:

SECURITY NATIONAL INSURANCE COMPANY

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1862251**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12790 MERIT DRIVE
SUITE 200

CITY/ST/ZIP: DALLAS, TX 75251

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JEFFREY P. LEO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10 BRITISH AMERICAN BLVD		
CITY/ST/ZIP/CO:	LATHAM, NY 12110		

NAME:	STEPHEN W. BRANDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12790 MERIT DRIVE, STE 200		
CITY/ST/ZIP/CO:	DALLAS, TX 75251		

NAME:	STEPHEN B. UNGAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	59 MAIDEN LANE, 6TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	BARRY MOSES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP		
ADDRESS:	5800 LOMBARDO CENTER, STE 200		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	JEFFREY JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AST TR/AST VP		
ADDRESS:	5800 LOMBARDO CENTER, STE 200		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	HARRY SCHLACHTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	59 MAIDEN LANE, 6TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME: DAVID DECARLO TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE, 6TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STUART HOLLANDER TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE, 6TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAY MILLER TITLE: DIRECTOR ADDRESS: 430 EAST 57TH STREET, STE 5D CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY ZYSKIND TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE, 6TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ BARRY MOSES	BARRY MOSES, ASST VP	4/25/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		