

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214520569

1.) CORPORATION NAME:

SECURITY NATIONAL INSURANCE COMPANY

DUE DATE: **5/31/2014**

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

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 400,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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 | | |

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|-----------------|-------------------------------|---------------------------------------------|-----------------------------------|
| 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: | 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: | 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 | | |

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|-----------------|------------------------|----------------------------------|----------------------------------------------|
| NAME: | DAVID DECARLO | <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 | | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | STUART HOLLANDER DIRECTOR 59 MAIDEN LANE, 6TH FL NEW YORK, NY 10038 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JAY MILLER DIRECTOR 430 EAST 57TH STREET, STE 5D NEW YORK, NY 10022 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | STEPHEN B. UNGAR DIRECTOR 59 MAIDEN LANE, 6TH FL NEW YORK, NY 10038 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | BARRY ZYSKIND DIRECTOR 59 MAIDEN LANE, 6TH FL 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/ STEPHEN B. UNGAR | STEPHEN B. UNGAR, DIRECTOR | 4/21/2014 | |
| 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. | | | |