FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **850269** (2)

1. Corporation Name
FIRST OF GEORGIA INSURANCE COMPANY

Principal Place of Business:
62 MAPLE AVENUE
P O BOX 507
KEENE NH 03431

Mailing Address:
62 MAPLE AVENUE
P O BOX 507
KEENE NH 03431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1981
3a. Date of Last Report: 05/11/1994
4. FEI Number: 58-1438724 — Applied For / Not Applicable

2. Principal Place of Business [21]
Suite, Apt. #, etc. [22]
City & State [23]
Zip [24] Country [25]

2a. Mailing Address [26]
Suite, Apt. #, etc. [27]
City & State [28]
Zip [29] Country [30]

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12. Officers and Directors	13. Additions/Changes
TITLE	ST	☐ Change ☐ Addition
NAME	TRACEY, JOSEPH P	
STREET ADDRESS	62 MAPLE AVENUE	
CITY-ST-ZIP	KEENE NH	
TITLE	PD	☐ Change ☐ Addition
NAME	BELL, RICHARD T	
STREET ADDRESS	62 MAPLE AVENUE	
CITY-ST-ZIP	KEENE NH	
TITLE	SVP	☐ Change ☐ Addition
NAME	PAGNOZZI, RICHARD D	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE NH	
TITLE	CD	☐ Change ☐ Addition
NAME	HILLIARD, R. GLENN	
STREET ADDRESS	300 GALLERIA PKWY, NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SVP	☐ Change ☐ Addition
NAME	BERKMAN, MORLAND E	
STREET ADDRESS	62 MAPLE AVENUE	
CITY-ST-ZIP	KEENE NH	
TITLE	SVP	☐ Change ☐ Addition
NAME	MCCAGUE, WILLIAM L II	
STREET ADDRESS	62 MAPLE AVENUE	
CITY-ST-ZIP	KEENE NH	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph P. Tracey — 4/28/95 — (603) 352-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0473554 FP