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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

858336

STANDARD GUARANTY INSURANCE COMPANY

3290 NORTHSIDE PRKWY. NW

3290 NORTHSIDE PRKWY. NW

3290 NORTHSIDE PRKWY, NW

ATLANTA GA 41

ATLANTA GA 41

WEXLER, HOWARD B

WILLIAMS, JEFFREY W

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

Principal Place of Business Mailing Address 3290 NORTHSIDE PARKWAY, NW 3290 NORTHSIDE PARKWAY. NW ATTN: RAY, DEBI ATTN: ROY. DEB! DO NOT WRITE IN THIS SPACE ATLANTA GA 30327 ATLANTA GA 30327 US 3. Date incorporated or Qualified 11/03/1983 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 58-1529579 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER THE CAPITOL 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 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 Honda. 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 Signature, typical or printed name of my sless Lagern and title diapplic sher-(NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE O'HARE, EDWARD J 1.2 NAME NAME 3290 NORTHSIDE PWKY, NW 1.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 41 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE BALSLEY, MICHAEL W 2.2 NAME NAME 3290 NORTHSIDE PRKWY. NW 2.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 41 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Vice Chairman of the Board Addition 3 ! TITLE TITLE WATTS, JAMES O N 3.2 NAME NAME 3290 NORTHSIDE PRKWY. NW 3.3 STREET ADDRESS STREET ADDRESS **ATLANTA GA 41** 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE VP-Finance & Treasurer NAME VASTO, SALVATORE J 4 2 NAME Steven G. Walker

ALTANTA GA 41 64 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby certify that the information supposed with this filing does not qualify for the exemption stated in Section 119.07(3)(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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on a statute state of the corporation of Block 12 or Block 13 if changed, or

4.3 STREE1 ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

4.4 CHY - ST - ZIP

51 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

2/12/98

(404)264-2407

Change

Change

Addition

Addition

FILED

Feb 24 1998 8:00am

Secretary of State