

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 858336

FILED  
Feb 12, 2002 8:00 AM  
Secretary of State

Entity Name: STANDARD GUARANTY INSURANCE COMPANY

## Current Principal Place of Business:

260 INTERSTATE NORTH CIR. NW  
ATLANTA, GA 30339 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 50355  
ATLANTA, GA 30302 US

## New Mailing Address:

11222 QUAIL ROOST DRIVE  
ATTN: CORPORATE PLANNING  
MIAMI, FL 33157 US

FEI Number: 58-1529579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE, FL 32301

## Name and Address of New 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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: KLOTZ, RUDI K  
Address: 260 INTERSTATE NORTH CIR. NW  
City-St-Zip: ATLANTA, GA 30339

Title: VP ( ) Delete  
Name: VAN GEEST, BRUCE  
Address: 260 INTERSTATE NORTH CIR. NW  
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete  
Name: ATKINSON, JEROME  
Address: ONE CHASE MANHATTAN PLAZA  
City-St-Zip: NEW YORK, NY 10005

Title: D ( ) Delete  
Name: ATKINSON, JEROME  
Address: 260 INTERSTATE NORTH CIRCLE, NW  
City-St-Zip: ATLANTA, GA 30339

Title: T ( ) Delete  
Name: DICKEY, ROBERT A  
Address: 260 INTERSTATE NORTH CIRCLE, NW  
City-St-Zip: ATLANTA, GA 30339

Title: S ( ) Delete  
Name: HEGGEN, ARTHUR W  
Address: 260 INTERSTATE NORTH CIRCLE, NW  
City-St-Zip: ATLANTA, GA 30339

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARTHUR W. HEGGEN

S

02/12/2002

Electronic Signature of Signing Officer or Director

Date