

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858336

Entity Name: STANDARD GUARANTY INSURANCE COMPANY**Current Principal Place of Business:**260 INTERSTATE NORTH CIR. SE
ATLANTA, GA 30339-2210**Current Mailing Address:**260 INTERSTATE NORTH CIR. SE
ATLANTA, GA 30339-2210 US**FEI Number: 58-1529579****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

Title	DIRECTOR
Name	BIONDO, REBEKAH
Address	260 INTERSTATE NORTH CIR. SE
City-State-Zip:	ATLANTA GA 30339-2210

Title	SECRETARY
Name	ARAGON-CRUZ, JEANNIE AMY
Address	11222 QUAIL ROOST DRIVE
City-State-Zip:	MIAMI FL 33157

Title	DIRECTOR
Name	HARRINGTON, ROBBIE
Address	260 INTERSTATE NORTH CIR. SE
City-State-Zip:	ATLANTA GA 30339-2210

Title	DIRECTOR
Name	TURNER, GARY
Address	260 INTERSTATE NORTH CIR. SE
City-State-Zip:	ATLANTA GA 30339-2210

Title	TREASURER
Name	TURNER, BEECH
Address	260 INTERSTATE NORTH CIRCLE, SE
City-State-Zip:	ATLANTA GA 30339

Title	PRESIDENT, CHAIRMAN
Name	FROBOSE, JOHN AUGUST
Address	260 INTERSTATE NORTH CIR. SE
City-State-Zip:	ATLANTA GA 30339-2210

Title	DIRECTOR
Name	LOPEZ-MORLAES, IVAN C
Address	260 INTERSTATE NORTH CIR. SE
City-State-Zip:	ATLANTA GA 30339-2210

Title	DIRECTOR
Name	HIX, JULIA MERCEDES
Address	260 INTERSTATE NORTH CIR. SE
City-State-Zip:	ATLANTA GA 30339-2210

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I hereby 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 all other like empowered.

SIGNATURE: JEANNIE AMY ARAGON-CRUZ**SECRETARY****04/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MCDONALD, KATHARINE A
Address	11222 QUAIL ROOST DRIVE
City-State-Zip:	MIAMI FL 33157