#### 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: DALE F SCHMIDT

Electronic Signature of Signing Officer/Director Detail

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:

Address

Officer/Director Detail :			
Title	CHAIRMAN, SECRETARY	Title	DIRECTOR
Name	SCHMIDT, DALE F	Name	KENT, LANE B
Address	13600 ICOT BLVD, BLDG A	Address	13600 ICOT BLVD, BLDG A
City-State-Zip:	CLEARWATER FL 33760-3703	City-State-Zip:	CLEARWATER FL 33760-3703
Title Name	DIRECTOR BARTON, MICHAEL V		

# FEI Number: 63-0350861

CLEARWATER, FL 33760-3703 US

**Current Principal Place of Business:** 

13600 ICOT BLVD, BLDG A CLEARWATER. FL 33760-3703

**Current Mailing Address:** 13600 ICOT BLVD, BLDG A

## Name and Address of Current Registered Agent:

13600 ICOT BLVD, BLDG A

City-State-Zip: CLEARWATER FL 33760-3703

Electronic Signature of Registered Agent

SCHMIDT, DALE F 13600 ICOT BLVD, BLDG A CLEARWATER, FL 33760-3703 US

Entity Name: SOUTHERN GUARANTY INSURANCE COMPANY

## FILED Mar 22, 2019 Secretary of State 9237058727CC

Certificate of Status Desired: No

SECRETARY

03/22/2019 Date

Date