

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004131

Entity Name: SOUTHERN GUARANTY INSURANCE COMPANY**Current Principal Place of Business:**13600 ICOT BLVD., BLDG. A
CLEARWATER, FL 33760-3703**Current Mailing Address:**13600 ICOT BLVD., BLDG. A
CLEARWATER, FL 33760-3703 US**FEI Number:** 63-0350861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHMIDT, DALE F
13600 ICOT BLVD., BLDG. A
CLEARWATER, FL 33760-3703 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, CEO, CFO
Name	SCHMIDT, DALE F
Address	13600 ICOT BLVD., BLDG. A
City-State-Zip:	CLEARWATER FL 33760-3703

Title	DIRECTOR, SECRETARY
Name	DI GIOACCHINO, NANCY
Address	13600 ICOT BLVD., BLDG. A
City-State-Zip:	CLEARWATER FL 33760-3703

Title	DIRECTOR
Name	BARTON, MICHAEL
Address	13600 ICOT BLVD., BLDG. A
City-State-Zip:	CLEARWATER FL 33760-3703

Title	DIRECTOR
Name	PICKARD, JOHN
Address	13600 ICOT BLVD., BLDG. A
City-State-Zip:	CLEARWATER FL 33760-3703

Title	EXECUTIVE VICE PRESIDENT OF OPERATIONS
Name	FREEMAN, BARBARA
Address	13600 ICOT BLVD., BLDG. A
City-State-Zip:	CLEARWATER FL 33760-3703

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

CEO

04/01/2020

Electronic Signature of Signing Officer/Director Detail_____
Date