

**2020 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F18000003595

**Entity Name:** FIRST GUARANTY INSURANCE COMPANY

**Current Principal Place of Business:**

121 W. ELECTION ROAD, SUITE 100  
DRAPER, UT 84020

**Current Mailing Address:**

P. O. BOX 57220  
SALT LAKE CITY, UT 84157 US

**FEI Number: 71-0420424**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FLORIDA CHIEF FINANCIAL OFFICE  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32314-6200 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: CHIEF FINANCIAL OFFICE**

**01/14/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CP  
Name QUIST, SCOTT M  
Address P. O. BOX 57220  
City-State-Zip: SALT LAKE CITY UT 84157

Title DP  
Name QUIST, S. ANDREW  
Address P. O. BOX 57220  
City-State-Zip: SALT LAKE CITY UT 84157

Title D  
Name MOODY, H. CRAIG  
Address P. O. BOX 57220  
City-State-Zip: SALT LAKE CITY UT 84157

Title VP  
Name OVERBAUGH, JASON G  
Address P. O. BOX 57220  
City-State-Zip: SALT LAKE CITY UT 84157

Title S  
Name STEPHENS, JEFFREY R  
Address P. O. BOX 57220  
City-State-Zip: SALT LAKE CITY UT 84157

Title T  
Name SILL, GARRETT S  
Address P. O. BOX 57220  
City-State-Zip: SALT LAKE CITY UT 84157

*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: GARRETT SILL**

**TREASURER**

**01/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date