

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT* CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 809705 (7)
1. Corporation Name
GEORGIA CASUALTY & SURETY COMPANY



Principal Place of Business 4370 PEACHTREE RD., N.E. ATLANTA GA 30319	Mailing Address PO BOX 180720 ATLANTA GA 311180720 US
---	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1954

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 58-0537066 Applied For* Not Applicable
---	--	---

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☒ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STOUTAMIRE, JEFFREY R
721 S. JEFFERSON ST.
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	
NAME	ROBINSON, JESSE MACK	1.2 NAME	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	HOWELL, HILTON H JR	2.2 NAME	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	CLEMENTS, GEORGE GERALD	3.2 NAME	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	DOAR, SANDRA WEEKS	4.2 NAME	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	
NAME	COOK, LINDA S	5.2 NAME	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CHOATE, EUGENE	6.2 NAME	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature] 2/18/98

CR2E034 (10/97)