

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

001008

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90086 042 ***150.00

DOCUMENT # 811952

1. Corporation Name

SAFEGUARD INSURANCE COMPANY

Principal Place of Business

9300 ARROWPOINT BLVD.
P. O. BOX 1000
CHARLOTTE NC 28201
US

Mailing Address

9300 ARROWPOINT BLVD.
P. O. BOX 1000
CHARLOTTE NC 28201
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1957

4. FEI Number

06-0480695

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRODERICK, TERRY	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KLINE, PHILIP E.	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AARON, NEAL C	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MENDELSON, ROBERT V	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joyce W. Wheeler	
1.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
1.4 CITY-ST-ZIP	Charlotte, NC 28273	
2.1 TITLE	SrV/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph F. Fisher	
2.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
2.4 CITY-ST-ZIP	Charlotte, NC 28273	
3.1 TITLE	SrV/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larry G. Simmons	
3.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
3.4 CITY-ST-ZIP	Charlotte, NC 28273	
4.1 TITLE	SrV/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul H. Stewman	
4.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
4.4 CITY-ST-ZIP	Charlotte, NC 28273	
5.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lawrence W. Gowen	
5.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
5.4 CITY-ST-ZIP	Charlotte, NC 28273	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sean A. Beatty	
6.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
6.4 CITY-ST-ZIP	Charlotte, NC 28273	

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, with all other like empowered.

SIGNATURE: *Joyce W. Wheeler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce W. Wheeler, Corporate Secretary 1/18/99

704/522-2000

Date

Daytime Phone #

CR2E034 (11/98)