

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 845097 (5)

1. Corporation Name

SOUTHERN GUARANTY INSURANCE COMPANY



Principal Place of Business

Mailing Address

2545 TAYLOR RD.  
P.O. BOX 235004  
MONTGOMERY AL 36117  
US

2545 TAYLOR RD.  
P.O. BOX 235004  
MONTGOMERY AL 36123-2004

3. Date Incorporated or Qualified

01/29/1980

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

U.S.

4. FEI Number

63-0350861

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS ☐ DELETE

NAME MERIWETHER, RUSH  
STREET ADDRESS 2545 TAYLOR RD.  
CITY-ST-ZIP MONTGOMERY AL

TITLE PC ☐ DELETE

NAME RIDLING, JIM L.  
STREET ADDRESS 2545 TAYLOR RD.  
CITY-ST-ZIP MONTGOMERY AL

TITLE TVSD ☐ DELETE

NAME GREEN, GUY  
STREET ADDRESS 2545 TAYLOR RD.  
CITY-ST-ZIP MONTGOMERY AL

TITLE VD ☐ DELETE

NAME DRAUGHON, JR., HENRY P.  
STREET ADDRESS 2545 TAYLOR RD.  
CITY-ST-ZIP MONTGOMERY AL

TITLE VD ☐ DELETE

NAME DUNN, WILLIAM R  
STREET ADDRESS 2545 TAYLOR RD.  
CITY-ST-ZIP MONTGOMERY AL

TITLE VD ☐ DELETE

NAME KEITH, CHARLES L  
STREET ADDRESS 2545 TAYLOR RD.  
CITY-ST-ZIP MONTGOMERY AL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

36117

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

36117

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

36117

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

36117

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

36117

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

36117

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

Rush Meriwether

Assistant Secretary

2-23-96

(334) 270-6000

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

Southern Guaranty Insurance Company  
Corporate Annual Report - 1995  
Attachment Sheet Block 13  
Additions (cont.)

Title  
Name  
Address  
City-St-Zip

D  
Skay, Michael C.  
11 Westminster Rd.  
Rockville Centre, NY 11570

Title  
Name  
Address  
City-St-Zip

D  
Stucki, Hans-Rudolf  
Palmstrasse 19  
CH 8400 Winterthur, Switzerland