


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90052 021 \*\*\*150.00

<b>DOCUMENT # 845097</b>		
1. Entity Name SOUTHERN GUARANTY INSURANCE COMPANY		

Principal Place of Business ONE GENERAL DRIVE SUN PRAIRIE, WI 53596 US	Mailing Address ONE GENERAL DRIVE SUN PRAIRIE, WI 53596 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03282007 Chg-P CR2E034 (12/06)

4. FEI Number 63-0350861		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINSON, LAURA K			NAME			
STREET ADDRESS	ONE GENERAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SUN PRAIRIE, WI 53596			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLLOCK, JOHN R			NAME			
STREET ADDRESS	ONE GENERAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SUN PRAIRIE, WI 53596			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCPARTLAND, PETER G			NAME			
STREET ADDRESS	ONE GENERAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SUN PRAIRIE, WI 53596			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ANNE B			NAME			
STREET ADDRESS	ONE GENERAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SUN PRAIRIE, WI 53596			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KALINA, RICHARD			NAME			
STREET ADDRESS	ONE GENERAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SUN PRAIRIE, WI 53596			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, THOMAS A			NAME			
STREET ADDRESS	ONE GENERAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SUN PRAIRIE, WI 53596			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne B Smith 4/2/07 608 825 5588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT

40052956  
#854097

**Southern Guaranty Insurance Company**

10.

Title Name Street Address City-ST-Zip	V James D. Blair One General Drive Sun Prairie, WI 53596
Title Name Street Address City-ST-Zip	V Paul H. Schulte One General Drive Sun Prairie, WI 53596
Title Name Street Address City-ST-Zip	VT John R. Schanen One General Drive Sun Prairie, WI 53596
Title Name Street Address City-ST-Zip	V Kip J. Kobussen One General Drive Sun Prairie, WI 53596
Title Name Street Address City-ST-Zip	V Timothy J. Bremer One General Drive Sun Prairie, WI 53596
Title Name Street Address City-ST-Zip	V Anthony R. Buschur One General Drive Sun Prairie, WI 53596
Title Name Street Address City-ST-Zip	V Roger L. Kaland One General Drive Sun Prairie, WI 53596