

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

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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **858336** (1)
1. Corporation Name
STANDARD GUARANTY INSURANCE COMPANY



Principal Place of Business 3290 NORTHSIDE PARKWAY, NW ATTN: ROY, DEBI ATLANTA GA 30327 US	Mailing Address 3290 NORTHSIDE PARKWAY, NW ATTN: RAY, DEBI ATLANTA GA 30327-2241 US
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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
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3. Date Incorporated or Qualified 11/03/1983	3a. Date of Last Report 02/21/1996
4. FEI Number 58-1529579	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	

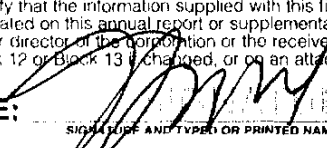
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE Chairman of the Board	☐ Change ☐ Addition
NAME EDWARD J. O'HARE		1.2 NAME Edward J. O'Hare	
STREET ADDRESS 3290 NORTHSIDE PKWY N.W.		1.3 STREET ADDRESS 3290 Northside Pkwy NW	
CITY- ST- ZIP ATLANTA GA		1.4 CITY- ST- ZIP Atlanta, GA 30327-2241	
TITLE V	☐ DELETE	2.1 TITLE Sr. Vice President	☐ Change ☐ Addition
NAME BALSLEY, W. MICHAEL		2.2 NAME Michael W. Balsley	
STREET ADDRESS 3290 NORTHSIDE PKWY, NW		2.3 STREET ADDRESS 3290 Northside Pkwy NW	
CITY- ST- ZIP ATLANTA GA		2.4 CITY- ST- ZIP Atlanta, GA 30327-2241	
TITLE VD	☐ DELETE	3.1 TITLE Vice Chairman of the Board	☐ Change ☐ Addition
NAME WATTS, JAMES O., III		3.2 NAME James O. Watts, III	
STREET ADDRESS 3290 NORTHSIDE PKWY N.W.		3.3 STREET ADDRESS 3290 Northside Pkwy NW	
CITY- ST- ZIP ATLANTA GA		3.4 CITY- ST- ZIP Atlanta, GA 30327-2241	
TITLE T	☐ DELETE	4.1 TITLE Sr. Vice Pres., CFO & Treasurer	☐ Change ☐ Addition
NAME VASTO, SALVATORE J		4.2 NAME Salvatore J. Vasto	
STREET ADDRESS 3290 NORTHSIDE PKWY N.W.		4.3 STREET ADDRESS 3290 Northside Pkwy NW	
CITY- ST- ZIP ATLANTA GA		4.4 CITY- ST- ZIP Atlanta, GA 30327-2241	
TITLE VS	☐ DELETE	5.1 TITLE Sr. Vice Pres., Secy. & Gen. Counsel	☐ Change ☐ Addition
NAME JEROME A. ATKINSON		5.2 NAME Howard S. Wexler	
STREET ADDRESS 3290 NORTHSIDE PKWY N.W.		5.3 STREET ADDRESS 3290 Northside Pkwy NW	
CITY- ST- ZIP ATLANTA GA		5.4 CITY- ST- ZIP Atlanta, GA 30327-2241	
TITLE W	☐ DELETE	6.1 TITLE President & CEO	☐ Change ☐ Addition
NAME WILLIAMS, JEFFREY W.		6.2 NAME Jeffrey W. Williams	
STREET ADDRESS 3290 NORTHSIDE PKWY NW		6.3 STREET ADDRESS 3290 Northside Pkwy NW	
CITY- ST- ZIP ATLANTA GA		6.4 CITY- ST- ZIP Atlanta, GA 30327-2241	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:  REQUIRED 3/12/97 (404) 264-2407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)