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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **858336** **(1)**

1. Corporation Name
STANDARD GUARANTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
3290 NORTHSIDE PARKWAY, NW ATTN: ROY, DEBI ATLANTA GA 30327 US	3290 NORTHSIDE PARKWAY, NW ATTN: RAY, DEBI ATLANTA GA 30327-2241 US

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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL 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 _____ DATE _____
Signature, or typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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., Secty. & Gen. Counsel	☑ Change ☐ Addition
NAME	~~JEROME A. ATKINSON~~		5.2 NAME	Howard B. 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		☐ 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	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

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

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