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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 858336

Principal Place of Business

ATTN: ROY, DEBI

3290 NORTHSIDE PARKWAY, NW

STANDARD GUARANTY INSURANCE COMPANY

Mailing Address 3290 NORTHSIDE PARKWAY, NW ATTN: RAY. DEBI

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90037 010 \*\*\*150.00



ATLANTA GA 30					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			
					11/03/1983		_	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 260 II	nterstate N.Cir.,NW	26 P. O. Box 50	355		58-1529579		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>.</b>	Additional	
22 Attn: Bunny Baum 27 Attn: Bunny				<del></del>		Fee I	Required	
City & Stat		City & State			6. Election Campaign Financing	\$5.0	<b>0</b> May Be	
23 Atlan	ta, GA 30339	28 Atlanta, GA	30302	?	Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Int	angible		
24	25	29 30	0		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current		· / · · ·		10. Name and Address of New Registered	Agent		
ť			81	Name	ame			
INSURANCE COMMISSIONER				82 Street Address (P.O. Box Number is Not Acceptable)				
THE CAPITOL				2 Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301				<del></del>				
,,,,,,,			83					
			84	City	Fi	85 Zi	p Code	
						changing	ite registered	
11. Pursuant	to the provisions of Sections 607.0502	: and 607.1508, Florida Statutes. of Florida: Such channe was auth	, the above norized by	e-named c the corpor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoi	ntment as	registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes	i.	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoint			
SIGNATURE								
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	<del></del>	nt signature rec	quired when reinstating) DATE			
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AF			
TITLE	C	☐ DELETE	1.1 TITLE			Chang	e 🗌 Addition	
NAME	O'HARE, EDWARD J		12 NAME					
STREET ADDRESS	3290 NORTHSIDE PWKY. NW		1.3 STREE	T ADDRESS	260 Interstate North Circle	. NW		
CITY-ST-ZIP	ATLANTA GA 41		1.4 CITY-S		Atlanta, GA 30339			
TITLE	V	XXXDELETE	2.1 TITLE		-	Chang	e 🔲 Addition	
NAME	BALSLEY, MICHAEL W	34	2.2 NAME		VP			
STREET ADDRESS	3290 NORTHSIDE PRKWY. NW		2.3 STREE		Peter McNally			
	ATLANTA GA 41		2. 4 CITY-5	2T 7ID	260 Interstate North Circle	, NW		
CITY-ST-ZIP	VD VD	<b>₩</b> DELETE	3.1 TITLE	31-21	Atlanta, GA 30339	Chang	e Addition	
	l '=	<b>X</b>	3.2 NAME	b	•		_	
NAME	WATTS, JAMES O III		3.2 NAME		erome Atkinson, One Chase N	íanhat.	tan Plaz	
STREET ADDRESS	3290 NORTHSIDE PRKWY. NW		1		New York, NY 10005			
CITY-ST-ZIP	ATLANTA GA 41	——————————————————————————————————————	3.4. CITY-5			[ ] Chang	ie 🔲 Additior	
TITLE	VPFT	<b>₩</b> DELETE	4.1 TITLE		Treasurer	CT chang		
NAME	WALKER, STEVEN G		4. 2 NAME		Edwin L. Harper			
STREET ADDRESS	3290 NORTHSIDE PRKWY. NW		4 3 STREE	T ADDRESS	260 Interstate North Circle	∍, NW		
CITY-ST-ZIP	ATLANTA GA 41		44 CITY-S	T-ZIP	Atlanta, GA 30339			
TITLE	VS	☐ DELETE	5.1 TITLE		•	☐ Chang	e 🗌 Addition	
NAME	WEXLER, HOWARD B		5.2 NAME					
STREET ADDRESS	3290 NORTHSIDE PRKWY. NW		5.3 STREE	TADDRESS	260 Interstate North Circle	, NW		
CITY-ST-ZIP	ATLANTA GA 41		5.4 CITY-S		Atlanta, GA 30339	• ====		
TITLE	P	☐ DELETE	6.1 TITLE	-	- Marie Mari	Chang	e Addition	
NAME	WILLIAMS, JEFFREY W	_	6.2 NAME					
				T ADDRESS	260 Tabanataka Manth Cinita	, R.TT.7		
STREET ADDRESS	3290 NORTHSIDE PRKWY. NW				260 Interstate North Circle	e, NW		
CITY-ST-ZIP	ALTA <u>nta ga 41</u>		6.4 CITY-S	1-219	Atlanta, GA 30339			

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 reserver or flustee 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 or an atlashment with an address, with all other like empowered.

SIGNATURE:

Howard B. Wexler 4/30/99 TED NAME OF SIGNING OFFICER OR DIRECTOR