

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000775

FILED  
Mar 21, 2008  
Secretary of State

Entity Name: SOUTHERN STATES INSURANCE, INC.

## Current Principal Place of Business:

3050 AMWILER RD  
ATLANTA, GA 30360

## New Principal Place of Business:

5185 PEACHTREE PARKWAY  
SUITE 300, THE FORUM  
NORCROSS, GA 30092

## Current Mailing Address:

PO BOX 620765  
ATLANTA, GA 30362

## New Mailing Address:

5185 PEACHTREE PARKWAY  
SUITE 300, THE FORUM  
NORCROSS, GA 30092

FEI Number: 58-1989705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KRIDER, THERESA R  
4300 LEGENDARY DR SUITE 227  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: SCHUBERT, JOHN W  
Address: 3050 AMWILER RD  
City-St-Zip: ATLANTA, GA 30360  
  
Title: V ( ) Delete  
Name: SCHUBERT, JAMES E  
Address: 9430 COLEHERNE CT  
City-St-Zip: JOHN'S CREEK, GA 30022

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: SCHUBERT, JOHN W  
Address: 5185 PEACHTREE PARKWAY SUITE 300  
City-St-Zip: NORCROSS, GA 30092  
  
Title: VP (X) Change ( ) Addition  
Name: SCHUBERT, JAMES E  
Address: 9430 COLEHERNE CT  
City-St-Zip: ALPHARETTA, GA 30022

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. SCHUBERT

VP

03/21/2008

Electronic Signature of Signing Officer or Director

Date