

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Guaranty Insurance Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jessica Simonelli

Name of Person

Premier Servicing, LLC

Firm/Company

13600 ICOT Blvd, Bldg. A

Address

Clearwater FL 33760-3703

City/State and Zip code

entitymanagement@chsamerica.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Simonelli

727 565-1485

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. Southern Guaranty Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wisconsin _____ 3. 63-0350861
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/11/1952 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13600 ICOT Blvd, Bldg. A, Clearwater FL 33760-3703

(Principal office address)
13600 ICOT Blvd, Bldg. A, Clearwater FL 33760-3703

(Current mailing address, if different)

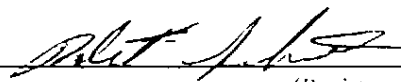
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Dale F. Schmidt
Office Address: 13600 ICOT Blvd, Bldg. A
Clearwater _____, Florida 33760-3703
(City) (Zip code)

FILED
2017 SEP 14 PM 4:29
DEPT. OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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2017 SEP 14 PM 4:29
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Dale F. Schmidt
13600 ICOT Blvd, Bldg. A, Clearwater FL 33760-3703
Address:

Vice Chairman:
Address:

Director: Michael Victor Barton
13600 ICOT Blvd, Bldg. A, Clearwater FL 33760-3703
Address:

Director: Lane Bront Kent
13600 ICOT Blvd, Bldg. A, Clearwater FL 33760-3703
Address:

B. OFFICERS

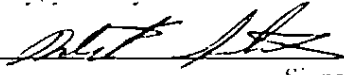
President: Lane Bront Kent
13600 ICOT Blvd, Bldg. A, Clearwater FL 33760-3703
Address:

Vice President:
Address:

Secretary: Dale F. Schmidt
13600 ICOT Blvd, Bldg. A, Clearwater FL 33760-3703
Address:

Treasurer: Michael Victor Barton
13600 ICOT Blvd, Bldg. A, Clearwater FL 33760-3703
Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Dale F. Schmidt, Secretary
(Typed or printed name and capacity of person signing application)



Certificate of Compliance State of Wisconsin

Office of the Commissioner of Insurance

As of This Date: **August 18, 2017**

As Commissioner of Insurance of the State of Wisconsin I have supervision of insurance business and as such hereby certify that:

Southern Guaranty Insurance Company

Domicile State: Wisconsin

Is duly authorized to transact the business of:

- Aircraft
- Automobile
- Credit Insurance
- Disability Insurance
- Fidelity Insurance
- Fire, Inland Marine and Other Property Insurance
- Liability and Incidental Medical Expense Insurance (other than automobile)
- Miscellaneous
- Ocean Marine Insurance
- Surety Insurance
- Workers Compensation Insurance

IN TESTIMONY WHEREOF, I have hereunto set my hand.

A handwritten signature in black ink, appearing to be 'D. J. ...'.

Commissioner of Insurance

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2017 SEP 14 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2017

JESSICA SIMONELLI
PREMIER SERVICING, LLC
13600 ICOT BLVD, BLDG A
CLEARWATER, FL 33760-3703

SUBJECT: SOUTHERN GUARANTY INSURANCE COMPANY
Ref. Number: W17000059366

We have received your document for SOUTHERN GUARANTY INSURANCE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 417A00014556

RECEIVED
2017 AUG 31 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2017

JESSICA SIMONELLI
PREMIER SERVICING, LLC
13600 ICOT BLVD, BLDG A
CLEARWATER, FL 33760-3703

SUBJECT: SOUTHERN GUARANTY INSURANCE COMPANY
Ref. Number: W17000059366

We have received your document for SOUTHERN GUARANTY INSURANCE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 217A00018192



September 8, 2017

Florida Department of State
Division of Corporations
ATTN: Karen Saly
P.O. Box 6327
Tallahassee FL 32314

RE: Southern Guaranty Insurance Company
Filing #: W17000059366
Letter Number: 217A00018192

Dear Ms. Saly:

We are in receipt of your letter dated September 1, 2017 in which you outlined a deficiency in our application for Authorization to Transact Business in Florida. In your letter, you requested a certificate of existence or good standing, "which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country."

Please find enclosed a Certificate of Compliance issued by the Commissioner of Insurance of the State of Wisconsin on August 18, 2017. Under the laws of Wisconsin, all records of insurance carriers are maintained by, and held in the custody of, the Office of the Commissioner of Insurance.

Please do not hesitate to let me know if you have any further needs, or if there are any questions or concerns regarding our filing.

Regards,

Thomas Trembach
Entity Management Associate
(727) 565-1495
entitymanagement@chsamerica.com

2017 SEP 14 AM 10:40

TALLAHASSEE, FLORIDA