

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P01081 (9)

1. Corporation Name

SOUTHERN GENERAL INSURANCE COMPANY, INC.



Principal Place of Business

Mailing Address

1904 LELAND DR
MARIETTA GA 30067
US

P.O. BOX 28155
ATLANTA GA 30358-0155

3. Date Incorporated or Qualified
03/01/1984

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

58-1367776

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
STATE 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

(Signature of officer or director of corporation or registered agent or both required)

(Signature of Registered Agent required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	JINKS, JOHN G. JR.	
STREET ADDRESS	1904 LELAND DRIVE	
CITY-STATE-ZIP	MARIETTA GA	
TITLE	PD	☐ DELETE
NAME	GWINN, MITCHELL	
STREET ADDRESS	1904 LELAND DRIVE	
CITY-STATE-ZIP	MARIETTA GA	
TITLE	VD	☐ DELETE
NAME	LOVE, JOSEPH B.	
STREET ADDRESS	1904 LELAND DRIVE	
CITY-STATE-ZIP	MARIETTA GA	
TITLE	ST	☐ DELETE
NAME	LITTLE, ROY H.	
STREET ADDRESS	1904 LELAND DRIVE	
CITY-STATE-ZIP	MARIETTA GA	
TITLE	V	☐ DELETE
NAME	BRAKEBILL, JOE B.	
STREET ADDRESS	1904 LELAND DRIVE	
CITY-STATE-ZIP	MARIETTA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☐ Change ☒ Addition
1.2 NAME	JINKS, JOHN G. JR.	
1.3 STREET ADDRESS	1904 LELAND DRIVE	
1.4 CITY-STATE-ZIP	MARIETTA, GA 30067	
2.1 TITLE	PD	☐ Change ☒ Addition
2.2 NAME	GWINN, MITCHELL	
2.3 STREET ADDRESS	1904 LELAND DRIVE	
2.4 CITY-STATE-ZIP	MARIETTA, GA 30067	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	GWINN, MITCHELL	
3.3 STREET ADDRESS	1904 LELAND DRIVE	
3.4 CITY-STATE-ZIP	MARIETTA, GA 30067	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	MITCHELL, BARRY S.	
4.3 STREET ADDRESS	1904 LELAND DRIVE	
4.4 CITY-STATE-ZIP	MARIETTA, GA 30067	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Year/Phone

CR2E034 (12/95)