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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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
1904 LELAND DR
MARIETTA GA 30067
US

Mailing Address
P.O. BOX 28155
ATLANTA GA 30358-0155

3. Date Incorporated or Qualified: 03/01/1984
3a. Date of Last Report: 01/30/1996
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

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER OF FLORIDA
STATE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

Field	Value	Delete
TITLE	CD	☐ DELETE
NAME	JINKS, JOHN G. JR.	
STREET ADDRESS	1904 LELAND DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	☐ DELETE
NAME	GWINN, MITCHELL	
STREET ADDRESS	1904 LELAND DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	VD	☐ DELETE
NAME	LOVE, JOSEPH B.	
STREET ADDRESS	1904 LELAND DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	ST	☒ DELETE
NAME	LITTLE, ROY H.	
STREET ADDRESS	1904 LELAND DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	V	☐ DELETE
NAME	BRAKEBILL, JOE B.	
STREET ADDRESS	1904 LELAND DRIVE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	VD	☐ DELETE
NAME	JINKS, JILL K.	
STREET ADDRESS	1904 LELAND DRIVE	
CITY-ST-ZIP	MARIETTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change	Addition
1.1 TITLE	Secretary + Treasurer	☐ Change	☒ Addition
1.2 NAME	Thomas L. Mayberry		
1.3 STREET ADDRESS	1904 Leland Dr.		
1.4 CITY-ST-ZIP	Marietta, GA 30067		
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: Thomas L. Mayberry, Secretary — 3-18-97 — 770/952-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas L. Mayberry

0012886