

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000775

**Entity Name:** SOUTHERN STATES INSURANCE, INC.

**Current Principal Place of Business:**

3600 MANSELL RD.  
SUITE 525  
ALPHARETTA, GA 30022

**Current Mailing Address:**

3600 MANSELL RD.  
SUITE 525  
ALPHARETTA, GA 30022 US

**FEI Number:** 58-1989705

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOCKERY, WAZIM T  
4164 HEATON TERRACE  
NORTH PORT, FL 34286 US

*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:** WAZIM DOCKERY

02/17/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name SCHUBERT, JAMES E  
Address 3600 MANSELL RD.  
SUITE 525  
City-State-Zip: ALPHARETTA GA 30022

Title HUMAN RESOURCES MANAGER  
Name IZAGUIRRE REYES, SAVANNAH KAYE  
Address 3600 MANSELL ROAD SUITE 525  
City-State-Zip: ALPHARETTA GA 30022

Title CFO  
Name REYES, STEFANIE  
Address 3600 MANSELL ROAD SUITE 525  
City-State-Zip: ALPHARETTA GA 30022

*I hereby 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 all other like empowered.*

**SIGNATURE:** SAVANNAH IZAGUIRRE REYES

HR MANAGER

02/17/2025

Electronic Signature of Signing Officer/Director Detail

Date