

1.) CORPORATION NAME:

SOUTHERN GENERAL INSURANCE COMPANY

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1162538**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1904 LELAND DR.

CITY/ST/ZIP: MARIETTA, GA 30067-6194

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JACQUELINE M SCHAENDORF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1904 LELAND DR		
CITY/ST/ZIP/CO:	MARIETTA, GA 30067-6194		

NAME:	REBECCA BITTINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1904 LELAND DRIVE		
CITY/ST/ZIP/CO:	MARIETTA, GA 30067		

NAME:	GEORGE HAYES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1904 LELAND DRIVE		
CITY/ST/ZIP/CO:	MARIETTA, GA 30067		

NAME:	JIM MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1904 LELAND DRIVE		
CITY/ST/ZIP/CO:	MARIETTA, GA 30067		

NAME:	ARVIND KAUSHAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1904 LELAND DRIVE		
CITY/ST/ZIP/CO:	MARIETTA, GA 30067		

NAME:	JILL KAREN JINKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1904 LELAND DR		
CITY/ST/ZIP/CO:	MARIETTA, GA 30067-6194		

NAME: JOHN G JINKS III TITLE: DIRECTOR ADDRESS: 1904 LELAND DRIVE CITY/ST/ZIP/CO: MARIETTA, GA 30067-6194	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN JINKS, JR TITLE: DIRECTOR ADDRESS: 1904 LELAND DRIVE CITY/ST/ZIP/CO: MARIETTA, GA 30067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JACQUELINE M SCHAENDORF SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JACQUELINE M SCHAENDORF, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/25/2013 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.