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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 306726 (1)
 1. Corporation Name
SOUTHERN SECURITY LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
755 RINEHART RD. PO BOX 958402 LAKE MARY FL 32785-5402
755 RINEHART RD. PO BOX 958402 LAKE MARY FL 32785-8402

3. Date Incorporated or Qualified **06/29/1966** 3a. Date of Last Report **01/25/1996**
 4. FEI Number **59-1231733** Applied For Not Applicable
 6. 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 2a. Mailing Address
 21 State, Apt. #, etc. 26 State, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
THOMPSON, DAVID C
755 RINEHART RD
LAKE MARY 32748-5402

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BREWER, SAMUEL	
STREET ADDRESS	1133 WINWARD LANE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	THOMPSON, DAVID C	
STREET ADDRESS	3420 DAWN COURT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RITCHEY, FERRIS S JR	
STREET ADDRESS	1910 28TH AVE. SO	
CITY-ST-ZIP	BIRMINGHAM, AL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIHAKIS, GEORGE	
STREET ADDRESS	115 SPRING COVE TRAIL	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEIL, FERD F SR	
STREET ADDRESS	3316 BURNING TREE DR	
CITY-ST-ZIP	BIRMINGHAM, AL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLENIX, CHARLES	
STREET ADDRESS	702 WAUKEGAN ROAD	
CITY-ST-ZIP	GLENVIEW IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D FRANK, ALFRED THOMAS
5.3 STREET ADDRESS	19050 POCO RIO
5.4 CITY-ST-ZIP	RIO VERDE, AZ 85263
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *David C. Thompson* **DAVID C. THOMPSON** 2/26/97 (407) 321-7113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)