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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 306726

1. Corporation Name
SOUTHERN SECURITY LIFE INSURANCE COMPANY

Principal Place of Business 755 RINEHART RD. PO BOX 958402 LAKE MARY FL 32795-5402	Mailing Address 755 RINEHART RD. PO BOX 958402 LAKE MARY FL 32795-5402
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/29/1966	4. FEI Number 59-1231733	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent

THOMPSON, DAVID C
755 RINEHART RD
LAKE MARY 32746-5402

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 checked="" type="checkbox"/> DELETE
NAME	BREWER, SAMUEL	
STREET ADDRESS	1133 WINWARD LANE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, DAVID C	
STREET ADDRESS	3420 DAWN COURT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RITCHEY, FERRIS S JR	
STREET ADDRESS	1910 28TH AVE. SO	
CITY-ST-ZIP	BIRMINGHAM, AL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PIHAKIS, GEORGE	
STREET ADDRESS	115 SPRING COVE TRAIL	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, ALFRED THOMAS	
STREET ADDRESS	19050 POCO RIO	
CITY-ST-ZIP	RIO VERDE AZ	
TITLE	D	<input checked="" 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	QUIST, GEORGE R.	
1.3 STREET ADDRESS	4491 WANDER LANE	
1.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84117	
2.1 TITLE	V.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SARGENT, WILLIAM C.	
2.3 STREET ADDRESS	4974 HOLLADAY BLVD	
2.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84117	
3.1 TITLE	T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	QUIST, SCOTT M.	
3.3 STREET ADDRESS	7 WANDERWOOD WAY	
3.4 CITY-ST-ZIP	SANDY, UT 84092	
4.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CRITTENDEN, CHARLES L.	
4.3 STREET ADDRESS	2334 FILMORE AVENUE	
4.4 CITY-ST-ZIP	OGDEN, UT 84401	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MOODY, HOWARD C.	
5.3 STREET ADDRESS	1782 E. FAUNSDALE DR.	
5.4 CITY-ST-ZIP	SANDY, UT 84092	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LOWE, SHERMAN B.	
6.3 STREET ADDRESS	2197 S. 21ST E.	
6.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84109	

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)