

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 852712 (9)

1. Corporation Name  
**SOUTHERN PILOT INSURANCE COMPANY**



Principal Place of Business: 100 NORTH GREENE STREET, P.O. BOX 20967, GREENSBORO NC 27420  
Mailing Address: 100 NORTH GREENE STREET, P.O. BOX 20967, GREENSBORO NC 27420

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for additional offices.

3. Date Incorporated or Qualified: 04/27/1982  
3a. Date of Last Report: 04/18/1995  
4. FEI Number: 56-0773056  
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. 193.032, Florida Statutes:  Yes  No

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

10. Name and Address of New Registered Agent (81-84) and 85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: SPILLERS, BEN M.	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 100 NORTH GREENE ST.	CITY-STATE-ZIP: GREENSBORO NC	2. NAME	
TITLE: GD	NAME: RIDLING, JIMMY L.	3. STREET ADDRESS	
STREET ADDRESS: 2545 TAYLOR ROAD	CITY-STATE-ZIP: MONTGOMERY AL	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: WILLIS, GERALD E.	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 100 NORTH GREENE STREET	CITY-STATE-ZIP: GREENSBORO NC	6. NAME	
TITLE: D	NAME: DRAUGHTON, HENRY P. JR.	7. STREET ADDRESS	
STREET ADDRESS: 2545 TAYLOR ROAD	CITY-STATE-ZIP: MONTGOMERY AL	8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD	NAME: GRAHAM, DIANE M.	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 100 NORTH GREENE STREET	CITY-STATE-ZIP: GREENSBORO NC	10. NAME	
TITLE: VD	NAME: CONE, STEPHEN H.	11. STREET ADDRESS	
STREET ADDRESS: 100 NORTH GREENE STREET	CITY-STATE-ZIP: GREENSBORO NC	12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		13. TITLE	
		14. NAME	
		15. STREET ADDRESS	
		16. CITY-STATE-ZIP	
		17. TITLE	
		18. NAME	
		19. STREET ADDRESS	
		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: Stephen H. Cone Stephen H. Cone 4-25-96 (910) 691-3486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)