

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P11387 (8)
1. Corporation Name

LIFE OF THE SOUTH INSURANCE COMPANY



Principal Place of Business: 205 DOGWOOD DRIVE NASHVILLE GA 31639
Mailing Address: 205 DOGWOOD DRIVE NASHVILLE GA 31639

3. Date Incorporated or Qualified: 09/10/1986
3a. Date of Last Report: 03/24/1995
4. FEI Number: 58-1458103
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. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Clarence H. Houston, Jr., Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Ulmer, Murchison, Ashby & Taylor
83 City: 200 West Forsyth St., Suite 1600
84 City: JACKSONVILLE FL 85 Zip Code: 32202

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: Clarence H. Houston, Jr. DATE: June 26, 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE <input type="checkbox"/>
NAME	SHAW, LOYD LEVIN	
STREET ADDRESS	RAY CITY HWY	
CITY - ST - ZIP	LAKELAND GA	
TITLE	VD	DELETE <input type="checkbox"/>
NAME	HAMIL, KENNETH NED	
STREET ADDRESS	ALAPAHA HWY	
CITY - ST - ZIP	NASHVILLE GA	
TITLE	CFO	DELETE <input type="checkbox"/>
NAME	HARDEGREE, DAVID L	
STREET ADDRESS	205 DOGWOOD DR	
CITY - ST - ZIP	NASHVILLE GA	
TITLE	ST	DELETE <input type="checkbox"/>
NAME	PATTEN, MARIA PRIDA	
STREET ADDRESS	718 N JACKSON ST	
CITY - ST - ZIP	NASHVILLE GA	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 6/26/96

CR2E034 (3/96)