

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002834

**FILED**  
**Mar 23, 2017**  
**Secretary of State**  
**CC2953408466**

**Entity Name:** SOUTHERN FINANCIAL LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

516 LAKEVIEW RD.  
VILLA 2  
CLEARWATER, FL 33756

**Current Mailing Address:**

516 LAKEVIEW RD.  
VILLA 2  
CLEARWATER, FL 33756

**FEI Number:** 59-2403689

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WAKELY, DAVID  
516 LAKEVIEW RD.  
VILLA 2  
CLEARWATER, FL 33756 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** DAVID WAKELY

03/23/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name WAKELY, DAVID N  
Address 516 LAKEVIEW RD. VILLA 2  
City-State-Zip: CLEARWATER FL 33756

Title PRESIDENT, DIRECTOR, TREASURER  
Name WAKELY, STEVEN D  
Address 516 LAKEVIEW RD, VILLA 2  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name WAKELY, FRANCES B  
Address 516 LAKEVIEW RD., VILLA 2  
City-State-Zip: CLEARWATER FL 33756

Title S  
Name KARAGAS, VIRGINIA E  
Address 516 LAKEVIEW RD., VILLA 2  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name PIKE, SUSAN W  
Address 516 LAKEVIEW RD., VILLA 2  
City-State-Zip: CLEARWATER FL 33756

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIRGINIA E KARAGAS

SECRETARY

03/23/2017

Electronic Signature of Signing Officer/Director Detail

Date