

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002834

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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	TC
Name	WAKELY, DAVID N
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	DV
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	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 KARAGAS**SECRETARY****03/19/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date