

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11387

**FILED  
Mar 31, 2021  
Secretary of State  
9354159018CC**

**Entity Name:** LIFE OF THE SOUTH INSURANCE COMPANY

**Current Principal Place of Business:**

2350 PRINCE AVENUE  
BUILDING 1, SUITE 4  
ATHENS, GA 30603

**Current Mailing Address:**

10751 DEERWOOD PARK BLVD  
SUITE 200  
JACKSONVILLE, FL 32256 US

**FEI Number: 58-1458103**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 CEO, CHAIRMAN, PRESIDENT,  
DIRECTOR  
Name KAHLBAUGH, RICHARD S  
Address 10751 DEERWOOD PARK BLVD  
SUITE 200  
City-State-Zip: JACKSONVILL FL 32256

Title SECRETARY  
Name ROMAINE, CHRISTOPHER D  
Address 10751 DEERWOOD PARK BLVD  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name KOBBE, ERIC  
Address PO BOX 1464  
City-State-Zip: ATHENS GA 30603

Title DIRECTOR  
Name MCCAWE, JOSEPH  
Address 10751 DEERWOOD PARK BLVD  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER, DIRECTOR  
Name VRBAN, MICHAEL  
Address 10751 DEERWOOD PARK BLVD  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

*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: RICHARD S KAHLBAUGH**

**PRESIDENT**

**03/31/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date