## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11387

Entity Name: LIFE OF THE SOUTH INSURANCE COMPANY

**Current Principal Place of Business:** 

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

**FILED** Mar 22, 2023 **Secretary of State** 2892992219CC

## **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

Title

Officer/Director Detail:

Title CEO, CHAIRMAN, PRESIDENT, Title **SECRETARY** 

DIRECTOR Name SHORT, JOHN G

Name KAHLBAUGH, RICHARD S Address 10751 DEERWOOD PARK BLVD Address

10751 DEERWOOD PARK BLVD SUITE 200

SUITE 200 JACKSONVILLE FL 32256 City-State-Zip:

City-State-Zip: JACKSONVILL FL 32256

Title **DIRECTOR** Name

GRASHER, MICHAEL F KOBBE, ERIC Name

10751 DEERWOOD PARK BLVD Address Address PO BOX 1464 SUITE 200

JACKSONVILLE FL 32256 City-State-Zip: ATHENS GA 30603 City-State-Zip:

Title TREASURER, DIRECTOR

10751 DEERWOOD PARK BLVD

Name VRBAN, MICHAEL

SUITE 200

Address

JACKSONVILLE FL 32256 City-State-Zip:

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** 

**DIRECTOR** 

03/22/2023