## **2013 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

## **Current Mailing Address:**

10151 DEERWOOD PARK BLVD BLDG 100 STE 330 JACKSONVILLE, FL 32256

FEI Number: 58-1458103 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. P O BOX 6200 32314-6200 TALLAHASSEE, FL 32399 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

**FILED** Jan 30, 2013

**Secretary of State** 

CC6120027959

Officer/Director Detail:

Title Title CEO

Name BULLARD, WILLIAM D Name KAHLBAUGH, RICHARD S

10151 DEERWOOD PARK BLVD BLDG 10151 DEERWOOD PARK BLVD BLDG Address Address

100 STE 330 100 STE 330

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILL FL 32256

Title **TRFS** Title SEC

Name FREEMAN, GEORGE V Name ROMAINE, CHRISTOPHER D

Address 10151 DEERWOOD PARK BLVD BLDG Address 10151 DEERWOOD PARK BLVD BLDG

100 STE 330 100 STE 330

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title DIR Title CEO

SKINNER, MALCOLM MCCAW, JOSEPH Name Name

PO BOX 1464 10151 DEERWOOD PARK BLVD BLDG Address Address

100 STE 330

City-State-Zip: ATHENS GA 30603 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.