

2016 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:

NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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: KRISTIE TOLLIVER

03/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, CHAIRMAN, PRESIDENT,
DIRECTOR
Name KAHLBAUGH, RICHARD S
Address 10151 DEERWOOD PARK BLVD BLDG
100 STE 330
City-State-Zip: JACKSONVILL FL 32256

Title SECRETARY
Name ROMAINE, CHRISTOPHER D
Address 10151 DEERWOOD PARK BLVD BLDG
100 STE 330
City-State-Zip: JACKSONVILLE FL 32256

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

Title DIRECTOR
Name MCCAWE, JOSEPH
Address 10151 DEERWOOD PARK BLVD BLDG
100 STE 330
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER, DIRECTOR
Name VRBAN, MICHAEL
Address 10151 DEERWOOD PARK BLVD
BLDG 100 STE 330
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: JOSEPH MCCAWE II

DIRECTOR

03/22/2016

Electronic Signature of Signing Officer/Director Detail

Date