

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 306726 (1)  
1. Corporation Name  
SOUTHERN SECURITY LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address  
755 RINEHART RD.  
PO BOX 958402  
LAKE MARY FL 32785-5402  
755 RINEHART RD.  
PO BOX 958402  
LAKE MARY FL 32785-5402

3. Date Incorporated or Qualified 06/29/1966 3a. Date of Last Report 01/25/1996  
4. FEI Number 59-1231733 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent THOMPSON, DAVID C  
755 RINEHART RD  
LAKE MARY 32748-5402  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BREWER, SAMUEL 1133 WINWARD LANE BIRMINGHAM AL	1.1 TITLE	Change Addition
NAME	VST THOMPSON, DAVID C 3420 DAWN COURT LAKE MARY FL	1.2 NAME	Change Addition
STREET ADDRESS	D RITCHEY, FERRIS S JR 1910 28TH AVE. SO BIRMINGHAM, AL 00000	1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	PD PIHAKIS, GEORGE 115 SPRING COVE TRAIL ALTAMONTE SPGS. FL	1.4 CITY-ST-ZIP	Change Addition
TITLE	D WEIL, FERD F SR 3316 BURNING TREE DR BIRMINGHAM, AL 00000	2.1 TITLE	Change Addition
NAME	D MULLENIX, CHARLES 702 WAUKEGAN ROAD GLENVIEW IL	2.2 NAME	Change Addition
STREET ADDRESS	D FRANK, ALFRED THOMAS 19050 POCO RIO RIO VERDE, AZ 85263	2.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Change Addition
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	Change Addition
STREET ADDRESS		3.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	Change Addition
STREET ADDRESS		4.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	Change Addition
STREET ADDRESS		5.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	Change Addition
STREET ADDRESS		6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID C. THOMPSON 2/26/97 (407) 321-7113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)