

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90212 035 ***211.25

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DOCUMENT # 306726

1. Corporation Name

SOUTHERN SECURITY LIFE INSURANCE COMPANY

Principal Place of Business

755 RINEHART RD.
PO BOX 958402
LAKE MARY FL 32795-5402

Mailing Address

755 RINEHART RD.
PO BOX 958402
LAKE MARY FL 32795-5402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1966

4. FEI Number

59-1231733

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

THOMPSON, DAVID C
755 RINEHART RD
LAKE MARY 32746-5402

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|----------------------|-----------------------|----------------------|-------------------------------------|
| D | BREWER, SAMUEL | 1133 WINWARD LANE | BIRMINGHAM AL | <input checked="" type="checkbox"/> |
| VST | THOMPSON, DAVID C | 3420 DAWN COURT | LAKE MARY FL | <input checked="" type="checkbox"/> |
| D | RITCHEY, FERRIS S JR | 1910 28TH AVE. SO | BIRMINGHAM, AL 00000 | <input checked="" type="checkbox"/> |
| PD | PIHAKIS, GEORGE | 115 SPRING COVE TRAIL | ALTAMONTE SPGS. FL | <input checked="" type="checkbox"/> |
| D | FRANK, ALFRED THOMAS | 19050 POCO RIO | RIO VERDE AZ | <input checked="" type="checkbox"/> |
| D | MULLENIX, CHARLES | 702 WAUKEGAN ROAD | GLENVIEW IL | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|------------------------|-----------------------|--------------------------|-------------------------------------|--------------------------|
| P | QUIST, GEORGE R. | 4491 WANDER LANE | SALT LAKE CITY, UT 84117 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| V.S. | SARGENT, WILLIAM C. | 4974 HOLLADAY BLVD | SALT LAKE CITY, UT 84117 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| T. | QUIST, SCOTT M. | 7 WANDERWOOD WAY | SANDY, UT 84092 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | CRITTENDEN, CHARLES L. | 2334 FILMORE AVENUE | OGDEN, UT 84401 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | MOODY, HOWARD C. | 1782 E. FAUNSDALE DR. | SANDY, UT 84092 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | LOWE, SHERMAN B. | 2197 S. 21ST E. | SALT LAKE CITY, UT 84109 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)