

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 649823 (2)

1. Corporation Name

SOUTHERN PROTECTIVE LIFE INSURANCE COMPANY

Principal Place of Business

1725 MEMORIAL PARK DR  
JACKSONVILLE FL 32204

Mailing Address

1725 MEMORIAL PARK DR  
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/02/1980  
3a. Date of Last Report 01/27/1994

4. FEI Number 59-1957319  
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

6. This corporation has liability for intangible tax under S. 199.052, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITAL BUILDING  
TALLAHASSEE FL 32301

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 of the person named as registered agent and the corporation

Date

12. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | D                       |
| NAME           | GLOVER, T A             |
| STREET ADDRESS | 701 FISK ST             |
| CITY ST ZIP    | JACKSONVILLE FL         |
| TITLE          | TVD                     |
| NAME           | MCRAE JR, WALTER A      |
| STREET ADDRESS | 1725 MEMORIAL PARK DR   |
| CITY ST ZIP    | JACKSONVILLE, FL 00000  |
| TITLE          | D                       |
| NAME           | HERZOG, GERALD W        |
| STREET ADDRESS | 701 FISK ST             |
| CITY ST ZIP    | JACKSONVILLE FL         |
| TITLE          | DP                      |
| NAME           | SCOTT, JACK L           |
| STREET ADDRESS | 1725 MEMORIAL PARK DR   |
| CITY ST ZIP    | JACKSONVILLE, FL 00000  |
| TITLE          | SD                      |
| NAME           | GRAHAM JR, HENRY HARRIS |
| STREET ADDRESS | 1725 MEMORIAL PARK DR   |
| CITY ST ZIP    | JACKSONVILLE, FL 00000  |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY ST ZIP    |                         |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY ST ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY ST ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY ST ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY ST ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY ST ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY ST ZIP    |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the attached form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/24/95

904 354-0869