

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 649823

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



3. Date Incorporated or Qualified
01/02/1980

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
59-1957319

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITAL BUILDING
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GLOVER, T A
STREET ADDRESS 701 FISK ST
CITY- ST- ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE TVD ☐ DELETE
NAME MCRAE JR, WALTER A
STREET ADDRESS 1725 MEMORIAL PARK DR
CITY- ST- ZIP JACKSONVILLE, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME HERZOG, GERALD W
STREET ADDRESS 701 FISK ST
CITY- ST- ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE DP ☐ DELETE
NAME SCOTT, JACK L
STREET ADDRESS 1725 MEMORIAL PARK DR
CITY- ST- ZIP JACKSONVILLE, FL 00000

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE SD ☐ DELETE
NAME GRAHAM JR, HENRY HARRIS
STREET ADDRESS 1725 MEMORIAL PARK DR
CITY- ST- ZIP JACKSONVILLE, FL 00000

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER A. MCRAE, JR.

4/23/96

Date Daytime Phone #

CR2E034 (12/95)