

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

|  |                     |                     |                     |   |  |
|--|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business   |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>01/02/1980   |  |
| 21   | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>59-1957319   |  |
| 22   | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 23   | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 24   | Country             | 29                  | Country             | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>THE INSURANCE COMMISSIONER OF FLORIDA<br>THE CAPITAL BUILDING<br>TALLAHASSEE FL 32301 |                     |                     |                     | 10. Name and Address of New Registered Agent  |  |
|  |                     |                     |                     | 81  | Name   |
|  |                     |                     |                     | 82  | Street Address (P.O. Box Number is Not Acceptable)<br>400002493074 |
|  |                     |                     |                     | 83  | -04/20/98--01001--025  |
|  |                     |                     |                     | 84  | City<br>***158.00  |
|  |                     |                     |                     | 85  | Zip Code<br>FL   |

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                          | 1.1 TITLE   | D                           |
| NAME                       | GLOVER, T A                | 1.2 NAME  | SARA DIANE GRAHAM           |
| STREET ADDRESS             | 701 FISK ST                | 1.3 STREET ADDRESS                                    | 3787 ORTEGA BOULEVARD       |
| CITY-ST-ZIP                | JACKSONVILLE FL 32204      | 1.4 CITY-ST-ZIP                                       | JACKSONVILLE, FLORIDA 32210 |
| TITLE                      | TVD                        | 2.1 TITLE   | PD                          |
| NAME                       | MCRAE JR, WALTER A         | 2.2 NAME  | WALTER A. MCRAE, JR.        |
| STREET ADDRESS             | 1725 MEMORIAL PARK DR      | 2.3 STREET ADDRESS                                    | 1725 MEMORIAL PARK DRIVE    |
| CITY-ST-ZIP                | JACKSONVILLE FL 32204-4117 | 2.4 CITY-ST-ZIP                                       | JACKSONVILLE, FLORIDA 32204 |
| TITLE                      | D                          | 3.1 TITLE   | D                           |
| NAME                       | HERZOG, GERALD W           | 3.2 NAME  | PATRICIA MCRAE WASHINGTON   |
| STREET ADDRESS             | 701 FISK ST                | 3.3 STREET ADDRESS                                    | 8454 WEATHERLY ROAD         |
| CITY-ST-ZIP                | JACKSONVILLE FL 32204      | 3.4 CITY-ST-ZIP                                       | BROOKSVILLE, FLORIDA 34601  |
| TITLE                      | DP                         | 4.1 TITLE   | SD                          |
| NAME                       | SCOTT, JACK L              | 4.2 NAME  | LAWRENCE M. MATHENY         |
| STREET ADDRESS             | 1725 MEMORIAL PARK DR      | 4.3 STREET ADDRESS                                    | 701 FISK STREET #310        |
| CITY-ST-ZIP                | JACKSONVILLE FL 32204-4117 | 4.4 CITY-ST-ZIP                                       | JACKSONVILLE, FLORIDA 32204 |
| TITLE                      | SD                         | 5.1 TITLE   | VD                          |
| NAME                       | GRAHAM JR, HENRY HARRIS    | 5.2 NAME  | HENRY H. GRAHAM, JR.        |
| STREET ADDRESS             | 701 FISK STREET SUITE 310  | 5.3 STREET ADDRESS                                    | 701 FISK STREET #310        |
| CITY-ST-ZIP                | JACKSONVILLE FL 32204      | 5.4 CITY-ST-ZIP                                       | JACKSONVILLE, FLORIDA 32204 |
| TITLE                      |                            | 6.1 TITLE   | D                           |
| NAME                       |                            | 6.2 NAME  | JAMES H. WINSTON            |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    | 645 RIVERSIDE AVENUE #619   |
| CITY-ST-ZIP                |                            | 6.4 CITY-ST-ZIP                                       | JACKSONVILLE, FLORIDA 32204 |

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.

CR2E034 (10/97)