

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90003 028 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1980

4. FEI Number

59-1957319

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

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D GRAHAM, SARA D
STREET ADDRESS 3787 ORTEGA BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ DELETE
NAME PD MCRAE JR, WALTER A
STREET ADDRESS 1725 MEMORIAL PARK DR
CITY-ST-ZIP JACKSONVILLE FL 32204-4117

TITLE ☐ DELETE
NAME D WASHINGTON, PATRICIA M
STREET ADDRESS 8454 WAETHERLY RD
CITY-ST-ZIP JACKSONVILLE FL 34601

TITLE ☐ DELETE
NAME SD MATHENY, LAWRENCE M
STREET ADDRESS 701 FISK ST. #310
CITY-ST-ZIP JACKSONVILLE FL 32204-4117

TITLE ☐ DELETE
NAME VD GRAHAM JR, HENRY HARRIS
STREET ADDRESS 701 FISK STREET SUITE 310
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ DELETE
NAME D WINSTON, JAMES H
STREET ADDRESS 645 RIVERSIDE AVE #619
CITY-ST-ZIP JACKSONVILLE FL 32204

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 8454 WEATHERLY ROAD
3.4 CITY-ST-ZIP BROOKSVILLE FL 34601

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS JACKSONVILLE FL 32204
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Stewart R. Geiger

STEWART R. GEIGER, TREASURER

1/8/99

904 354-1069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)