2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90072 007 ***150.00

DOCUMENT # 649823

1. Entity Name
SOUTHERN PROTECTIVE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1725 MEMORIAL PARK DR JACKSONVILLE FL 32204	1725 MEMORIAL PARK DR JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1957319 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE INSURANCE COMMISSIONER OF FLORIDA THE CAPITAL BUILDING TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City / Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, SARA D 3787 ORTEGA BLVD. JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add/Del
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCRAE JR, WALTER A 1725 MEMORIAL PARK DR JACKSONVILLE FL 32204-4117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add/Del
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WASHINGTON, PATRICIA M 8454 WAETHERLY RD JACKSONVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add/Del
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MATHENY, LAWRENCE M 701 FISK ST. #310 JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add/Del
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRAHAM JR, HENRY HARRIS 701 FISK STREET SUITE 310 JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add/Del
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINSTON, JAMES H 645 RIVERSIDE AVE #619 JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add/Del

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/19/01 904-354-1069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone