


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90011 023 \*\*\*150.00

<b>DOCUMENT # 649823</b> 1. Entity Name <b>SOUTHERN PROTECTIVE LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>1725 MEMORIAL PARK DR JACKSONVILLE, FL 32204</b>			Mailing Address <b>1725 MEMORIAL PARK DR JACKSONVILLE, FL 32204</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02242004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>59-1957319</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAHAM, SARA D</b>		NAME		
STREET ADDRESS	<b>3787 ORTEGA BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCRAE JR, WALTER A</b>		NAME		
STREET ADDRESS	<b>1725 MEMORIAL PARK DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 322044117</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WASHINGTON, PATRICIA M</b>		NAME		
STREET ADDRESS	<b>8454 WEATHERLY RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATHENY, LAWRENCE M</b>		NAME		
STREET ADDRESS	<b>701 RIVERSIDE PARK PL STE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 322043342</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAHAM JR, HENRY HARRIS</b>		NAME		
STREET ADDRESS	<b>701 RIVERSIDE PARK PL STE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 322043342</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WINSTON, JAMES H</b>		NAME		
STREET ADDRESS	<b>645 RIVERSIDE AVE #619</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32204</b>		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Stewart Geiger</i>			<b>STEWART GEIGER</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2/25/04</i> Daytime Phone # <i>904 354-1065</i>		