

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812339 (0)
 1. Corporation Name
SOUTHERN INSURANCE COMPANY

Principal Place of Business 2727 TURTLE CREEK BLVD. P.O. BOX 660302 DALLAS TX 75266-7302	Mailing Address 2727 TURTLE CREEK BLVD. P.O. BOX 660302 DALLAS TX 75266-0302
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1957	3a. Date of Last Report 04/17/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 75-6021170		Applied For Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL 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	85 Zip Code 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 of 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
VPD	FULTON, JOHN E.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1731 ST JAMES DR	CARROLLTON TX	2.1 TITLE	2.2 NAME
VP	FRIERSON, ROBERT W.	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
8811 CHADBOURNE RD.	DALLAS TX	3.1 TITLE	3.2 NAME
TD	MILLIGAN, BRUCE, R	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4504 LORRAINE AVE	DALLAS, TX 00000	4.1 TITLE	4.2 NAME
DVS	DITTO, MICHAEL E.	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
1902 BALTIMORE	RICHARDSON TX	5.1 TITLE	5.2 NAME
TCD	HINSON, LAURA K	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
4405 AMHERST	DALLAS TX	6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Laura K. Hinson* **Laura K. Hinson** **4/9/97** **(214) 559-1222**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)